

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometrists
Rates
Effective 05/01/2006

PROFESSIONAL LIABILITY PREMIUM

TERRITORY I:

1M / 3M

EMPLOYED

426

SELF-EMPLOYED

511

Alabama, Alaska, Arizona, Arkansas, Delaware, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

TERRITORY II:

1M / 3M

EMPLOYED

511

SELF-EMPLOYED

613

California, *other than L.A. County*
Colorado
Florida, *other than Dade and Broward Counties*
Georgia
Illinois, *other than Cook County*
Massachusetts, *other than Norfolk and Suffolk Counties*
Michigan, *other than Wayne County*
Minnesota
Missouri
Nevada
New Jersey, *other than Camden, Hudson, Essex, Union, and Mercer Counties*
New York, *other than Bronx, Brooklyn, Manhattan, Queens, Staten Island, Nassau, and Suffolk Counties*
Pennsylvania, *other than Philadelphia County*
Texas, *other than Dallas and Harris*

TERRITORY III:

1M / 3M

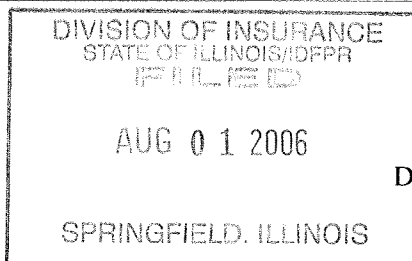
EMPLOYED

814

SELF-EMPLOYED

976

California / L.A.
Illinois: *Cook County*
Louisiana
Massachusetts: *Norfolk and Suffolk Counties*
New Jersey: *Camden, Hudson, Essex, Union, and Mercer Counties*
Pennsylvania: *Philadelphia County*
Texas: *Dallas and Harris Counties*



*Superseded
8-1-07*

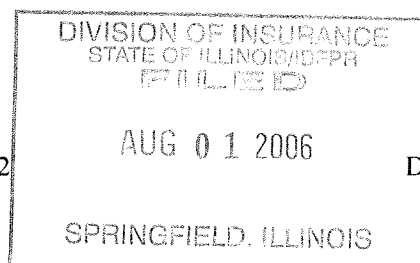
CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometrists
Rates
Effective 05/01/2006

PROFESSIONAL LIABILITY PREMIUM (continued)

TERRITORY IV:	1M / 3M
EMPLOYED	1,435
SELF-EMPLOYED	1,722
Connecticut	
District of Columbia	
Florida: <i>Dade and Broward Counties</i>	
Michigan: <i>Wayne County</i>	
New York: <i>Bronx, Brooklyn, Manhattan, Queens, Staten Island, Nassau, and Suffolk Counties</i>	

OPTIONAL COVERAGES

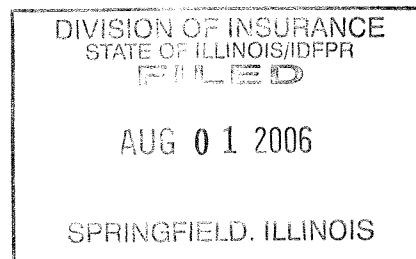
	1M / 3M
Additional Insureds Professional Liability (each)	156
General Liability - First Location	120
General Liability - per Additional Location	50



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 10-1-06

1. **Application:**
This manual contains the rating rules for all individual and group Optometric members of this purchasing group.
2. **Limits:**
The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.
3. **Rounding:**
Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.
4. **Changes:**
Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.
5. **Decreased or Increased Limits:**
The following Decreased or Increased Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 10-1-06

6. **Exposure Reduction:**

Reduced rates apply to Optometrists engaged in practices that reduce the risk of loss. If an Optometrist qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual Optometrists who have graduated within one year prior to the policy effective date. The rate for such Optometrists shall be 25% of the rate shown on the rate page.

b.) **Part-time Practice:**

Part-time rates apply to Optometrists practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed/employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

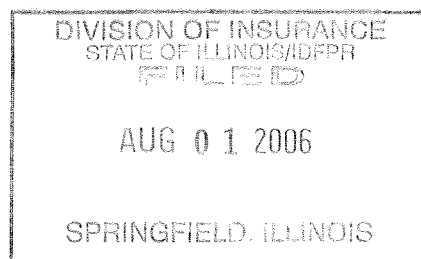
9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 above is the policy premium.

11. **Group Size:**



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 10-1-06

Practices that consist of more than one ratable Optometric professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such group policy. This credit shall be applied to the policy premium according to the following schedule:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. **Risk Management Education:**

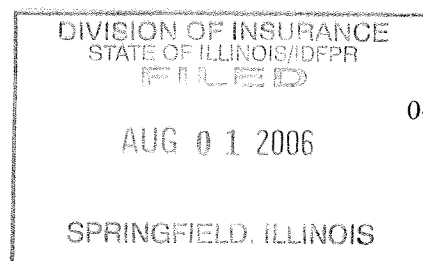
Optometrists are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the ratable professionals must have attended a "seminar" for this credit to apply.

13. **Additional Insurance:**

Premium is reduced for self-employed Optometrists obtaining office package insurance coverage from FFIC. The premium for such policies is 84% of the policy premium.

14. **Quarterly installments:**

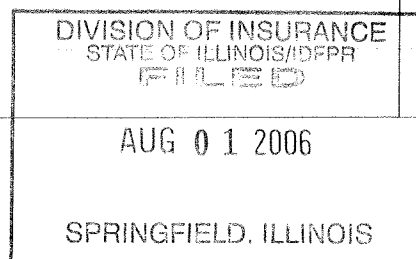
- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
- c. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- d. Each installment fee paid is fully earned.
- e. No interest charges
- f. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 05/01/2006

PROFESSIONAL LIABILITY PREMIUM

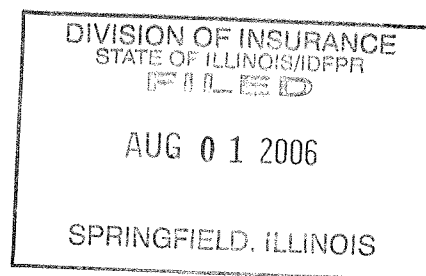
Occupation	1M / 3M
ART, DANCE, DRAMA, & MUSIC THERAPIST Employed/Employee Self-employed Part-time	 84 318 141
ATHLETIC TRAINER, MASSAGE & OTHER THERAPISTS (including CORRECTIVE THERAPIST, HELLER WORKER, ROLFER, STRUCTURAL BODY WORKER) Employed/Employee Self-employed Part-time	 213 1,032 439
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST - SEE SEPARATE RATE PAGE	
CPR TRAINER Employed/Employee Self-employed	 84 318
DENTAL HYGIENIST/ASSISTANT - SEE SEPARATE RATE PAGE	
DIETICIAN & NUTRITIONIST Employed/Employee Self-employed Part-time	 76 283 132
ELECTROLOGIST Employed Employee Self-employed Part-time	 104 125 478 212
INTERPRETER FOR THE DEAF Employed/Employee Self-employed	 63 116
MEDICAL TECHNOLOGIST Employed Employee Self-employed Part-time	 104 125 478 212
NURSE - SEE SEPARATE RATE PAGE	



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 05/01/2006

PROFESSIONAL LIABILITY PREMIUM - continued

Occupation	1M / 3M
OCCUPATIONAL THERAPIST Employed/Employee Self-employed Part-time	 81 227 106
OPTICIAN Employed Self-employed Part-time	 209 359 269
ORTHOPEDIC TECHNICIAN Self-employed Part-time	 938 399
ORTHOTIST Employed	 194
PHARMACIST Employed Self-employed Consulting Part-time	 151 407 197
PHYSICIAN ASSISTANT - SEE SEPARATE RATE PAGE	
RETAIL DRUGGIST Employee Self-employed Part-time	 151 407 197
SPORTS MEDICINE THERAPIST Employed/Employee Self-employed	 314 1,383



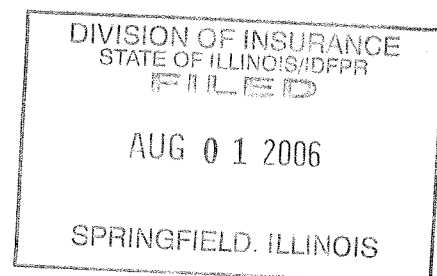
CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 05/01/2006

ADDITIONAL INSURED'S PROFESSIONAL LIABILITY PREMIUM

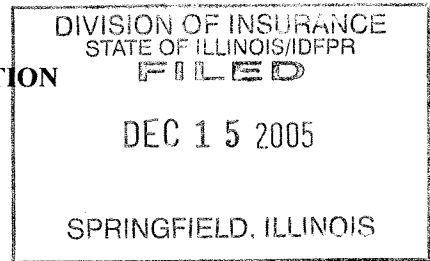
Occupation	1M / 3M
ALL ALLIED HEALTH PROFESSIONALS	156
SPORTS MEDICINE THERAPIST	192

GENERAL LIABILITY PREMIUM

Occupation	1M / 3M
ALL ALLIED HEALTH PROFESSIONALS	
First Location	120
per Additional Location	50



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Physical Therapist Program
Rates
Effective 06/01/05



PROFESSIONAL LIABILITY PREMIUM

Occupation:

1M / 3M

PHYSICAL THERAPIST	
Employed	165
Self-employed	480
PHYSICAL THERAPY AIDE/ASSISTANT	
Employed/Employee	80
Self-employed	270
EMPLOYEES OF PHYSICAL THERAPY GROUPS	375
INDEPENDENT CONTRACTORS TO PHYSICAL THERAPY GROUPS	50
OWNER OF A GROUP	480

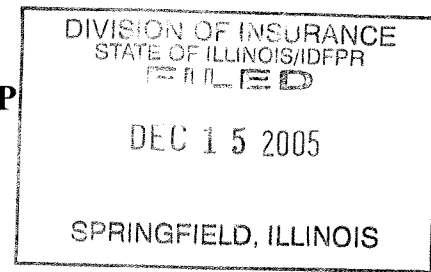
OPTIONAL COVERAGES

1M / 3M

Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150
General Liability - First Location	120
General Liability - per Additional Location	50

Superseded
5-1-05

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Effective 6/01/2005**



1. Application:

This manual contains the rating rules for all individual Physical Therapist (including Physical Therapy Assistants) members and to groups of Physical Therapists in this purchasing group.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

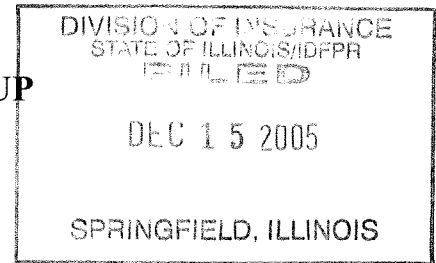
The following Decreased or Increased Limit Factors (DLF's or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals. The sum of these products is the total professional liability premium.

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Effective 6/01/2005**



7. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

8. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

9. Independent Contractors Premium:

Premium is computed by multiplying the applicable rate by the number of independently contracted healthcare professionals providing services on behalf of the insured.

10. Modification Schedule:

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

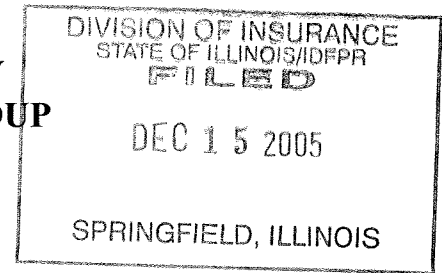
10a. Loss Control/Risk Management Education: Range of 0% to 25%

Physical therapists and physical therapy assistants are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

10b. Claims Experience: Range of +25% to -25%

Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Effective 6/01/2005**



11. Additional Limits:

Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

12. Converting from a Claims-Made Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts Period	Prepaid Factor
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

13. Converting to an Occurrence Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pay on an installment basis:

Prior Acts <u>Period</u>	Reporting Period Factors		
	Year 1	Year 2	Year 3
1 Year Prior	0.46	0.26	0.11
2 Years Prior	0.72	0.32	0.14
3 Years Prior	0.78	0.35	0.15
4+ Years Prior	0.81	0.35	0.15

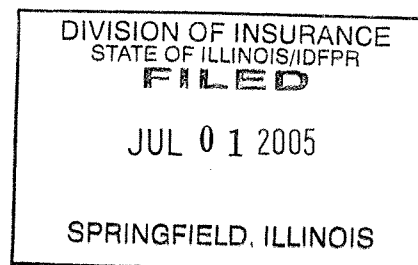
14. Groups:

For purposes of rating, a Group is defined as more than one professional practicing together. An additional 1.15 multiplying factor will be applied to each group policy premium.

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONALS PURCHASING GROUP
ANNUAL RATES - NURSES PROGRAM
Effective 07/01/05

<u>Employed Professionals</u>	<u>1M / 6M</u>
First Year Graduate RN's	68
LPN's, LVN's, Nurses Aides/Assistants	89
RN's (excluding Obstetrical RN's)	89
Obstetrical RN's	385
Pharmacists	151
Speech & Hearing	79
Dental Hygienist	66
Rehabilitation Therapists	158
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists	213
Dieticians	76
Opticians	209
Occupational Therapists	76
Medical Technologists	104
Respiratory Therapists	84
<u>Advanced Practice Nurses *</u>	
Obstetrical Advanced Practice Nurse *	1382
Psychiatric Advanced Practice Nurse *	864
Pediatric/Family Practice Advanced Practice Nurse *	1123
All Other Advanced Practice Nurse *	605
<u>Self-Employed Professionals</u>	
Ostetrical Nurses	880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	350
Pharmacists	407
Speech & Hearing	143
Dental Hygienist	252
Rehabilitation Therapists	450
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists, Orthopedic Technicians	1032
Dieticians	283
Opticians	359
Occupational Therapists	212
Medical Technologists	398
Respiratory Therapists	318

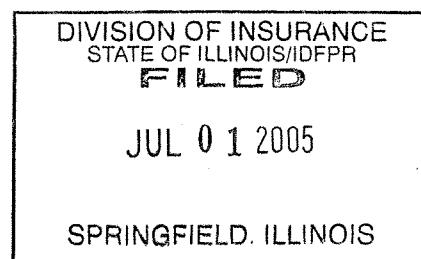
* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority (employed or self-employed).



superseded
7-1-06

**CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONALS PURCHASING GROUP
ANNUAL RATES - NURSES PROGRAM
Effective 07/01/05**

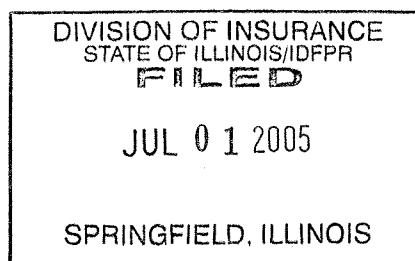
<u>Optional Coverages</u>	<u>1M / 6M</u>
General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150



CHICAGO INSURANCE COMPANY
ANA / SNA PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 07/01/05

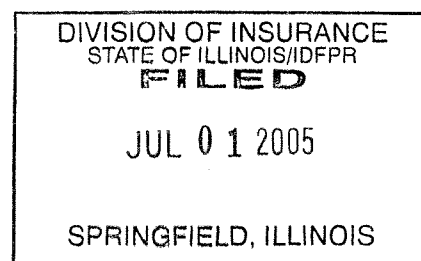
<u>Employed Professionals</u>	<u>1M / 6M</u>
First Year Graduate RN's	45
LPN's, LVN's, Nurses Aides/Assistants	89
RN's (excluding Obstetrical RN's)	89
Obstetrical RN's	385
Pharmacists	151
Speech & Hearing	79
Dental Hygienist	66
Rehabilitation Therapists	158
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists	213
Dieticians	76
Opticians	209
Occupational Therapists	76
Medical Technologists	104
Respiratory Therapists	84
<u>Advanced Practice Nurses *</u>	
Obstetrical Advanced Practice Nurse *	1382
Psychiatric Advanced Practice Nurse *	864
Pediatric/Family Practice Advanced Practice Nurse *	1123
All Other Advanced Practice Nurse *	605
<u>Self-Employed Professionals</u>	
Ostetrical Nurses	880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	350
Pharmacists	407
Speech & Hearing	143
Dental Hygienist	252
Rehabilitation Therapists	450
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists, Orthopedic Technicians	1032
Dieticians	283
Opticians	359
Occupational Therapists	212
Medical Technologists	398
Respiratory Therapists	318

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority (employed or self-employed).



**CHICAGO INSURANCE COMPANY
ANA / SNA PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 07/01/05**

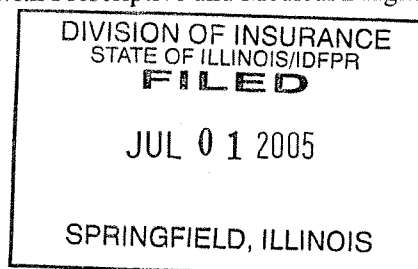
<u>Optional Coverages</u>	<u>1M / 6M</u>
General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150



CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 07/01/05

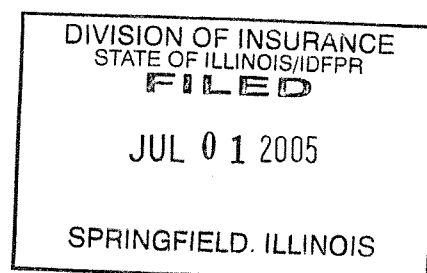
<u>Employed Professionals</u>	<u>1M / 6M</u>
First Year Graduate RN's	68
LPN's, LVN's, Nurses Aides/Assistants	89
RN's (excluding Obstetrical RN's)	89
Obstetrical RN's	385
Pharmacists	151
Speech & Hearing	79
Dental Hygienist	66
Rehabilitation Therapists	158
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists	213
Dieticians	76
Opticians	209
Occupational Therapists	76
Medical Technologists	104
Respiratory Therapists	84
<u>Advanced Practice Nurses *</u>	
Obstetrical Advanced Practice Nurse *	1382
Psychiatric Advanced Practice Nurse *	864
Pediatric/Family Practice Advanced Practice Nurse *	1123
All Other Advanced Practice Nurse *	605
<u>Self-Employed Professionals</u>	
Ostetrical Nurses	880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	350
Pharmacists	407
Speech & Hearing	143
Dental Hygienist	252
Rehabilitation Therapists	450
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists, Orthopedic Technicians	1032
Dieticians	283
Opticians	359
Occupational Therapists	212
Medical Technologists	398
Respiratory Therapists	318

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority (employed or self-employed).



CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 07/01/05

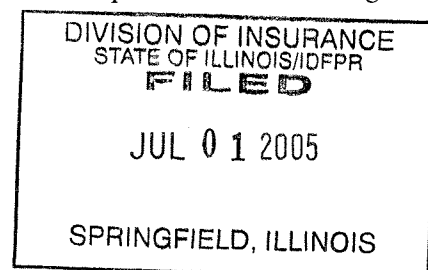
<u>Optional Coverages</u>	<u>1M / 6M</u>
General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150



CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 07/01/05

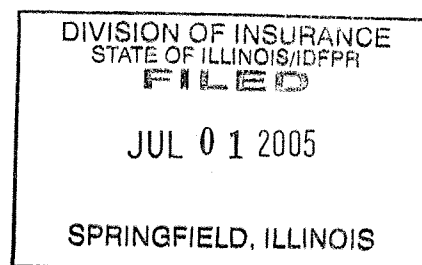
<u>Employed Professionals</u>	<u>1M / 6M</u>
First Year Graduate RN's	68
LPN's, LVN's, Nurses Aides/Assistants	89
RN's (excluding Obstetrical RN's)	89
Obstetrical RN's	385
Pharmacists	151
Speech & Hearing	79
Dental Hygienist	66
Rehabilitation Therapists	158
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers,	
Massage Therapists	213
Dieticians	76
Opticians	209
Occupational Therapists	76
Medical Technologists	104
Respiratory Therapists	84
<u>Advanced Practice Nurses *</u>	
Obstetrical Advanced Practice Nurse *	1382
Psychiatric Advanced Practice Nurse *	864
Pediatric/Family Practice Advanced Practice Nurse *	1123
All Other Advanced Practice Nurse *	605
<u>Self-Employed Professionals</u>	
Ostetrical Nurses	880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief	
Supervisors)	350
Pharmacists	407
Speech & Hearing	143
Dental Hygienist	252
Rehabilitation Therapists	450
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers,	
Massage Therapists, Orthopedic Technicians	1032
Dieticians	283
Opticians	359
Occupational Therapists	212
Medical Technologists	398
Respiratory Therapists	318

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority (employed or self-employed).



CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 07/01/05

<u>Optional Coverages</u>	<u>1M / 6M</u>
General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150



CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM

Effective 2/15/04

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

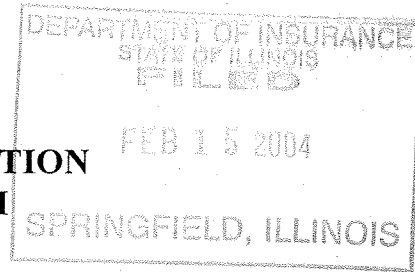
9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.

10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

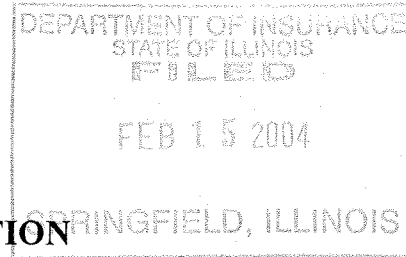
**CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04**



1. "Self-employed" is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. "Part-Time" is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. "Full Time" is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy ("groups"). This premium credit will be based upon the number of professionals insured under such "group" as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

8. Premium rounding will be done at each step of the calculation and shall be rounded to the



**CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04**

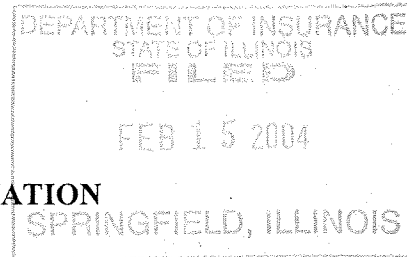
nearest whole dollar as follows:

- \$.49 or less shall be dropped;
- \$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

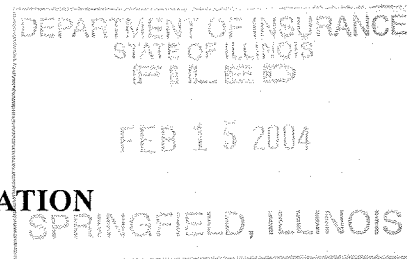
11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.



**CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04**

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%



**CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04**

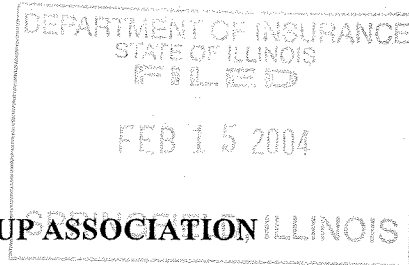
8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.



CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04

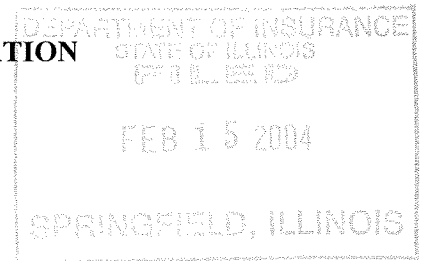
8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

 \$.49 or less shall be dropped;
 \$.50 or more shall be rounded to the next whole dollar.
9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 2/15/2004

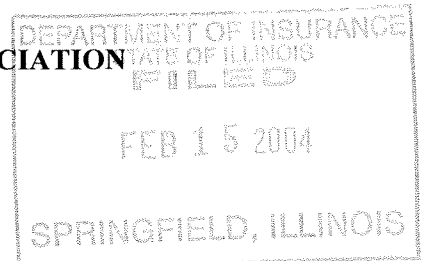


PROFESSIONAL LIABILITY PREMIUM

Occupation	1M / 3M
ART, DANCE, DRAMA, & MUSIC THERAPIST Employed/Employee Self-employed Part-time	 84 318 141
ATHLETIC TRAINER, MASSAGE & OTHER THERAPISTS (including CORRECTIVE THERAPIST, HELLER WORKER, ROLFER, STRUCTURAL BODY WORKER) Employed/Employee Self-employed Part-time	 213 1,032 439
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST - SEE SEPARATE RATE PAGE	
CPR TRAINER Employed/Employee Self-employed	 84 318
DENTAL HYGIENIST/ASSISTANT - SEE SEPARATE RATE PAGE	
DIETICIAN & NUTRITIONIST Employed/Employee Self-employed Part-time	 76 283 132
ELECTROLOGIST Employed/Employee Self-employed Part-time	 104 398 176
INTERPRETER FOR THE DEAF Employed/Employee Self-employed	 63 116
MEDICAL TECHNOLOGIST Employed/Employee Self-employed Part-time	 104 398 176
NURSE - SEE SEPARATE RATE PAGE	

Superseded 8-1-06

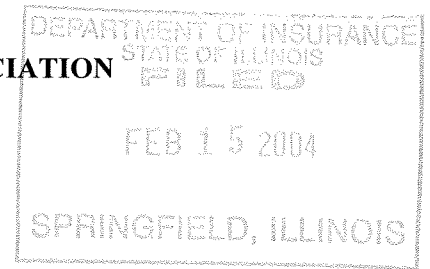
CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 2/15/2004



PROFESSIONAL LIABILITY PREMIUM - continued

Occupation	1M / 3M
OCCUPATIONAL THERAPIST	
Employed/Employee	76
Self-employed	212
Part-time	99
OPTICIAN	
Employed	209
Self-employed	359
Part-time	269
ORTHOPEDIC TECHNICIAN	
Self-employed	938
Part-time	399
ORTHOTIST	
Employed	194
PHARMACIST	
Employed	151
Self-employed Consulting	407
Part-time	197
PHYSICIAN ASSISTANT - SEE SEPARATE RATE PAGE	
RETAIL DRUGGIST	
Employee	151
Self-employed	407
Part-time	197
SPORTS MEDICINE THERAPIST	
Employed/Employee	314
Self-employed	1,383

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 2/15/2004

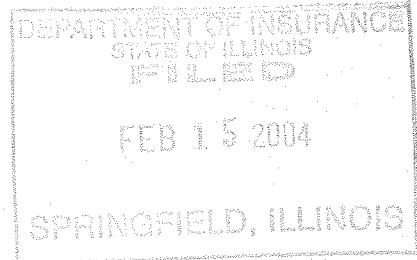


ADDITIONAL INSURED'S PROFESSIONAL LIABILITY PREMIUM

Occupation	1M / 3M
ALL ALLIED HEALTH PROFESSIONALS	156
SPORTS MEDICINE THERAPIST	192

GENERAL LIABILITY PREMIUM

Occupation	1M / 3M
ALL ALLIED HEALTH PROFESSIONALS	
First Location	120
per Additional Location	50



**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

**Allied Health Professionals
Rating Rule Manual
Effective 2-15-2004**

1. **Application:**

This manual contains the rating rules for all members of this purchasing group, except for the following classes: Allied Health Professionals other than Physical Therapist, Optometrist and Mental Health Specialists, Respiratory Therapists, Rehabilitation Therapists and Student Blanket.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Decreased or Increased Limits:**

The following Decreased or Increases Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
FILED
FEB 15 2004
SPRINGFIELD, ILLINOIS

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

**Allied Health Professionals
Rating Rule Manual
Effective 2-15-2004**

6. Exposure Reduction:

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a.) Newly Graduating Professionals:

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Athletic Trainer

Dietician

Occupational Therapist

Pharmacists

b.) Part-time Practice:

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

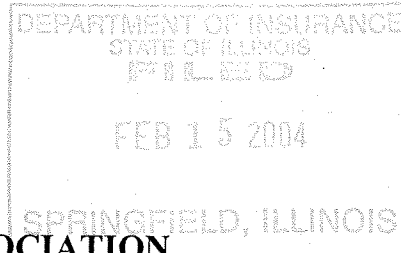
8. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. Additional Insured Premium:



**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

**Allied Health Professionals
Rating Rule Manual
Effective 2-15-2004**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

10. Policy Premium:

The sum of the premiums developed by rules: 7, 8, 9 and 10 is the policy premium.

11. Group Size:

Practices which insure more than one professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. Risk Management Education:

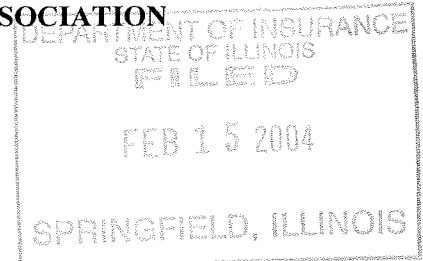
Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

13. Additional Limits:

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

**Optometrists
Rates
Effective 2/15/2004**



PROFESSIONAL LIABILITY PREMIUM

TERRITORY I:

1M / 3M

EMPLOYED / SELF-EMPLOYED

426

Alabama, Alaska, Arizona, Arkansas, Delaware, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming.

TERRITORY II:

1M / 3M

EMPLOYED / SELF-EMPLOYED

511

California, *other than L.A. County*
Colorado
Florida, *other than Dade and Broward Counties*
Georgia
Illinois, *other than Cook County*
Massachusetts, *other than Norfolk and Suffolk Counties*
Michigan, *other than Wayne County*
Minnesota
Missouri
Nevada
New Jersey, *other than Camden, Hudson, Essex, Union, and Mercer Counties*
New York, *other than Bronx, Brooklyn, Manhattan, Queens, Staten Island, Nassau, and Suffolk Counties*
Pennsylvania, *other than Philadelphia County*
Texas, *other than Dallas and Harris*

TERRITORY III:

1M / 3M

EMPLOYED / SELF-EMPLOYED

814

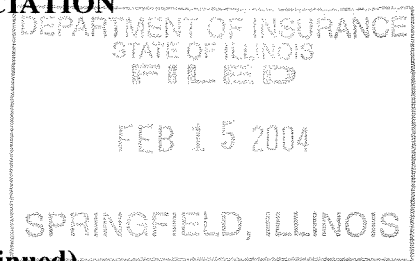
California / L.A.
Illinois: *Cook County*
Louisiana
Massachusetts: *Norfolk and Suffolk Counties*
New Jersey: *Camden, Hudson, Essex, Union, and Mercer Counties*
Pennsylvania: *Philadelphia County*
Texas: *Dallas and Harris Counties*

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

Optometrists

Rates

Effective 2/15/2004



PROFESSIONAL LIABILITY PREMIUM (continued)

TERRITORY IV:

1M / 3M

EMPLOYED / SELF-EMPLOYED

1,435

Connecticut

District of Columbia

Florida: *Dade and Broward Counties*

Michigan: *Wayne County*

New York: *Bronx, Brooklyn, Manhattan, Queens, Staten Island, Nassau, and Suffolk Counties*

OPTIONAL COVERAGES

1M / 3M

Additional Insureds Professional Liability (each)

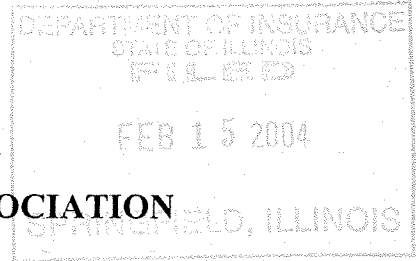
156

General Liability - First Location

120

General Liability - per Additional Location

50



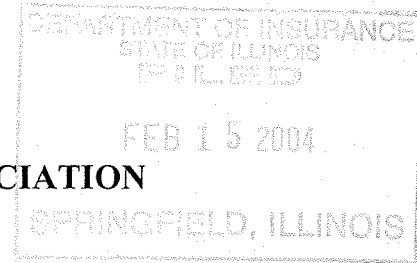
CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 2/15/04

1. **Application:**
This manual contains the rating rules for all individual and group Optometric members of this purchasing group.
2. **Limits:**
The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.
3. **Rounding:**
Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.
4. **Changes:**
Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.
5. **Decreased or Increased Limits:**
The following Decreased or Increased Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 2/15/04**



6. **Exposure Reduction:**

Reduced rates apply to Optometrists engaged in practices that reduce the risk of loss. If an Optometrist qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual Optometrists who have graduated within one year prior to the policy effective date. The rate for such Optometrists shall be 25% of the rate shown on the rate page.

b.) **Part-time Practice:**

Part-time rates apply to Optometrists practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed/employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

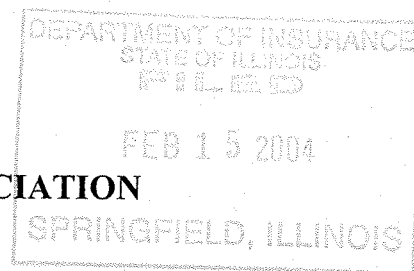
$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 2/15/04



10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 above is the policy premium.

11. **Group Size:**

Practices that consist of more than one ratable Optometric professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such group policy. This credit shall be applied to the policy premium according to the following schedule:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. **Risk Management Education:**

Optometrists are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the ratable professionals must have attended a “seminar” for this credit to apply.

13. **Additional Insurance:**

Premium is reduced for self-employed Optometrists obtaining office package insurance coverage from FFIC. The premium for such policies is 84% of the policy premium.

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - CLAIMS-MADE

1. The rates shown on the rate page apply per individual person insured under the policy.
2. Part-time rates apply to those nurse anesthetists who are fully employed and moonlight 20 hours or less per week. The rate shall be 50% of the rate shown on the rate page.
3. Nurse anesthetists who are only self-employed 20 hours or less per week are charged 75% of the rate shown on the rate page.
4. Student nurse anesthetists' rate shall be 35% of the nurse anesthetists rate shown on the rate page.
5. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

6. Prior Acts Coverage: The Prior Acts surcharge includes the total number of years prior acts is covered. In other words, the total of 1) the number of years covered in any Prior Acts Endorsement and 2) the number of policy years to which this policy is a renewal by the Company

<u>Years of Prior Acts Coverage</u>	<u>Modification Factors</u>
No prior acts coverage	.55
One year prior acts coverage	.80
Two years prior acts coverage	.95
Three years prior acts coverage	.99
Four or more years prior acts coverage	1.00

For the purposes of applying this credit, round to the nearest year (i.e., 1 year, 8 months would be 2 years).

7. Additional insured coverage will be provided for an additional premium charge of 10% of the applicable CRNA rate.

Superseded
3-1-97
ANA

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - CLAIMS-MADE
(Continued)

8. Extended Reporting Period Factors:

<u>Number of Years of Claims-Made Coverage</u>	<u>ERP Factor</u>
One year of claims-made coverage	.55
Two years of claims-made coverage	.80
Three or more years of claims-made coverage	.85

The above provides for an unlimited extended reporting period.

9. The following Increased Limits Factors are applied to the 100,000/300,000 rate:

<u>Limits of Liability</u>	<u>Increased Limits Factor</u>
200,000/600,000	1.26
250,000/750,000	1.36
500,000/1,000,000	1.63
1,000,000/1,000,000	1.90
1,000,000/3,000,000	2.00
2,000,000/4,000,000	2.34

10. Locum Tenens Nurse Anesthetists will be charged the rate for the state in which the majority (50% or greater) of their professional services are performed.
11. Full-time equivalents may be utilized for certified registered nurse anesthetists groups who contract services to outside facilities. Two thousand hours a year will equal one full-time rate.
12. Ten percent of the applicable CRNA rate will be charged for each independent contractor to provide defense and indemnity for claims against the Insured arising out of the actions of any independent contractor and for which the Insured is liable under the theories of vicarious liability.
13. A risk management premium credit of 10% will apply for attendance at an approved risk management/legal issues seminar for nurse anesthetists. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - OCCURRENCE

1. To convert the mature claims-made rate shown at basic limits of \$100,000/\$300,000 to an occurrence rate, a multiplier of 1.035 should be applied. The rates apply per individual person insured under the policy.
2. Part-time rates apply to those nurse anesthetists who are fully employed and moonlight 20 hours or less per week. The rate shall be 50% of the rate shown on the rate page.
3. Nurse anesthetists who are only self-employed 20 hours or less per week are charged 75% of the rate shown on the rate page.
4. Student nurse anesthetists' rate shall be 35% of the nurse anesthetists rate shown on the rate page.
5. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

6. The following Increased Limits Factors are applied to the 100,000/300,000 rate:

<u>Limits of Liability</u>	<u>Increased Limits Factor</u>
200,000/600,000	1.26
250,000/750,000	1.36
500,000/1,000,000	1.63
1,000,000/1,000,000	1.90
1,000,000/3,000,000	2.00
2,000,000/4,000,000	2.34

7. Locum Tenens Nurse Anesthetists will be charged the rate for the state in which the majority (50% or greater) of their professional services are performed.
8. Additional insured coverage will be provided for an additional premium charge of 10% of the applicable CRNA rate.

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - OCCURRENCE
(Continued)

9. Applicants currently insured on a claims-made policy wishing to switch to an occurrence policy may purchase prior acts coverage under the occurrence form using the following formula:

Fully Mature Claims-Made Rate x ERP Factor = Prior Acts Premium (68% of the prior acts premium will provide a one year reporting period; 38% of the prior acts premium will provide for the second year reporting period; and 11% of the prior acts premium will provide for an unlimited reporting period. Each of the endorsements will be attached to three consecutive occurrence policy periods and the third year endorsement will provide an unlimited reporting period.) The endorsements are not to be used or attached to any policy after the third year.

10. Full-time equivalents may be utilized for certified registered nurse anesthetists groups who contract services to outside facilities. Two thousand hours a year will equal one full-time rate.
11. Ten percent of the applicable CRNA rate will be charged for each independent contractor to provide defense and indemnity for claims against the Insured arising out of the actions of any independent contractor and for which the Insured is liable under the theories of vicarious liability.
12. A risk management premium credit of 10% will apply for attendance at an approved risk management/legal issues seminar for nurse anesthetists. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.

CHICAGO INSURANCE COMPANY — MEDICAL MALPRACTICE
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP
Rating Rule Manual
Effective 4-1-2000

1. **Application:**

This manual contains the rating rules for all members of this purchasing group.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate. The following limits apply to other coverages:

Coverage	Limit of Liability (Individual)	Limit of Liability (Group)
Supplemental Liability	Equal to Professional Liability	N/A
First Party Assault	\$5,000 each assault / \$10,000 aggregate	\$5,000 each assault / \$10,000 aggregate
Licensing Board Reimbursement	\$5,000 per proceeding / \$10,000 aggregate	\$5,000 per proceeding / \$10,000 aggregate
Wage Loss and Expense	\$10,000 aggregate	\$10,000 aggregate
Deposition Expense Reimbursement	\$5,000 aggregate	\$5,000 aggregate
First Aid Reimbursement	\$2,500 aggregate	\$2,500 aggregate
Damage to Property of Others	\$500 aggregate	N/A
Medical Payments	\$10,000 per person / \$100,000 aggregate	N/A

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

CHICAGO INS. COMPANY
SUPERCEDED
7-1-05

**CHICAGO INSURANCE COMPANY
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP
Rating Rule Manual
Effective 4-1-2000**

5. **Decreased or Increased Limits:**

The following Decreased or Increased Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$5,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$5,000,000	1.00
\$2,000,000 / \$5,000,000	1.17

6. **Exposure Reduction:**

Reduced rates apply to Dietitians engaged in practices that reduce the risk of loss. If a Dietitian qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to Dietitians who have graduated within one year prior to the policy effective date. The rate shall be 50% of the rate shown on the rate page.

b.) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for

**CHICAGO INSURANCE COMPANY
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP
Rating Rule Manual
Effective 4-1-2000**

additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \bullet (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. **Non-Owned Auto Premium:**

Premium is computed by multiplying the applicable rate by the number of employees of the Named Insured, subject to the minimum premium stated on the rate page. Non-owned automobile coverage is available to groups only.

10. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

11. **Policy Premium:**

The sum of the premiums developed by rules: 7 and 8 above is the policy premium.

12. **Group Size:**

Practices that insure more than one professional (a group) under one policy are eligible for a premium credit. This credit is based upon the number of professionals insured under such a group policy and applied according to the following schedule:

Number of Professionals	Credit
2 - 9	4.00%
10 - 14	8.00%
15+	12.00%

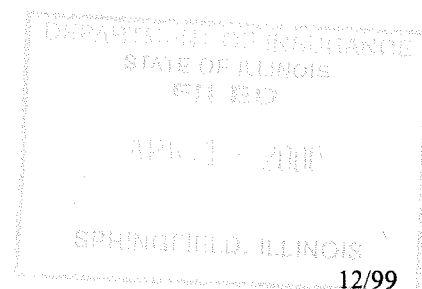
**CHICAGO INSURANCE COMPANY
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP
Rating Rule Manual
Effective 4-1-2000**

13. Risk Management Education:

Dietitians are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

14. Additional Limits:

Groups with limits of liability equal to or less than \$1,000,000 / \$5,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.



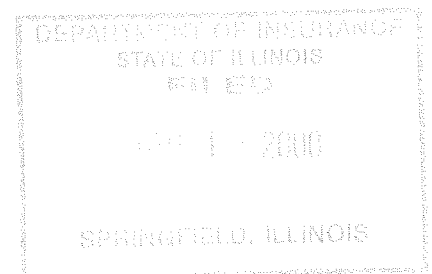
**CHICAGO INSURANCE COMPANY
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP**

**Rates
Effective 4-1-2000**

PREMIUM

	<u>1M/5M</u>
PROFESSIONAL LIABILITY	
Employed/Employee	76.
Self-employed	132.
Part-time	119.
GENERAL LIABILITY	
First Location	120.
Additional Locations (each)	50.

Note: Refer to Rating Rule Manual for DLFs/ILFs



**CHICAGO INSURANCE COMPANY
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP**

Rates
Effective 4-1-2000

PREMIUM

	<u>200/600</u>	<u>500/1M</u>	<u>1M/5M</u>	<u>2M/5M</u>
ADDITIONAL INSURED PROFESSIONAL LIABILITY (each)	110.	129.	156.	183.
NON-OWNED AUTO LIABILITY				
1 to 10 employees	74.	86.	99.	116.
More than 10 employees (each)	7.	8.	9.	11.

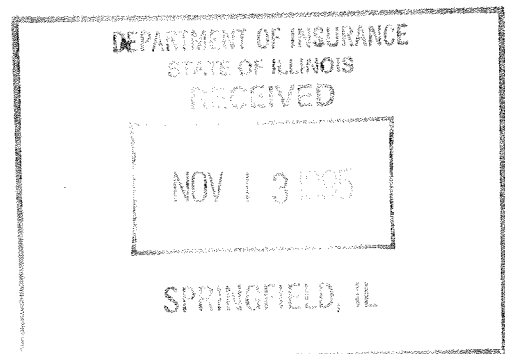
CHICAGO INSURANCE COMPANY — MED. MAL.
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES
(Effective 1/1/95)

1. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. "Part-Time" is defined as an individual who works 16 hours or less per week.
3. "Full Time" is defined as an individual who works more than 16 hours per week.
4. Rates shown are for each professional.
5. Nurse Practitioners receive 35% credit for 10 hours per week or less "Hands on Care" (direct treatment) as a Nurse Practitioner.
6. Self-Employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the Rate Page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
7. A loss prevention/loss control/risk management premium credit of up to 25% will be considered based on review of the submission: management of firm (years in existence, staff to patient ratio, qualifications of key personnel); attendance at risk management seminars; in-house loss prevention/control programs; policy and procedure manuals.

CHICAGO INS. CO.
Superseded
2-15-04

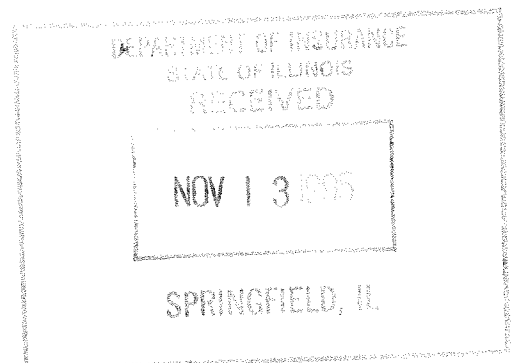
CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES
(Effective 1/1/96)

1. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. "Part-Time" is defined as an individual who works 20 hours or less per week.
3. "Full Time" is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Nurse Practitioners receive 35% credit for 10 hours per week or less "Hands on Care" (direct treatment) as a Nurse Practitioner.
6. Self-Employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the Rate Page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
7. A loss prevention/loss control/risk management premium credit of up to 25% will be considered based on review of the submission: management of firm (years in existence, staff to patient ratio, qualifications of key personnel); attendance at risk management seminars; in-house loss prevention/control programs; policy and procedure manuals.



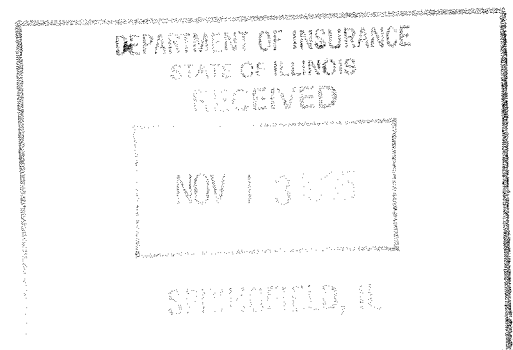
CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSING ORGANIZATIONS PURCHASING GROUP ASSOCIATION
RATING RULES
(Effective 1/1/96)

1. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. "Part-Time" is defined as an individual who works 20 hours or less per week.
3. "Full Time" is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Nurse Practitioners receive 35% credit for 10 hours per week or less "Hands on Care" (direct treatment) as a Nurse Practitioner.
6. Self-Employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the Rate Page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
7. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.



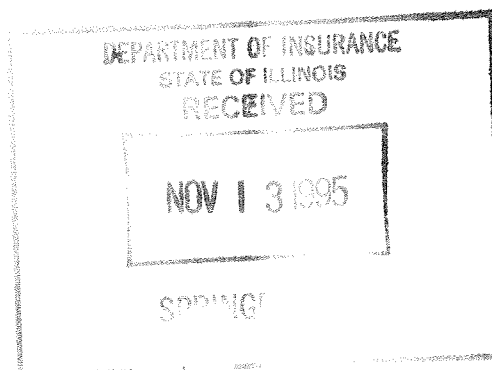
CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES
(Effective 1/1/96)

1. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. "Part-Time" is defined as an individual who works 20 hours or less per week.
3. "Full Time" is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Nurse Practitioners receive 35% credit for 10 hours per week or less "Hands on Care" (direct treatment) as a Nurse Practitioner.
6. Self-Employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the Rate Page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
7. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.



CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES
(Effective 1/1/96)

1. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. "Part-Time" is defined as an individual who works 20 hours or less per week.
3. "Full Time" is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Nurse Practitioners receive 35% credit for 10 hours per week or less "Hands on Care" (direct treatment) as a Nurse Practitioner.
6. Self-Employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the Rate Page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
7. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.



CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
ANNUAL RATES

<u>Employed Nurses</u>	<u>100K/300K</u>	<u>200K/600K</u>	<u>500K/1M</u>	<u>1M/3M</u>
First Year Graduate RN's	\$ 30	\$ 32	\$ 38	\$ 45
LPN's, LVN's, Aides, Assistants	\$ 46	\$ 48	\$ 58	\$ 68
General Duty RN's	\$ 60	\$ 63	\$ 76	\$ 89
Obstetrical RN's	\$258	\$273	\$327	\$385
All Other RN's	\$106	\$112	\$134	\$158
Obstetrical Nurse Practitioner	\$643	\$682	\$816	\$960
Psychiatric Nurse Practitioner	\$402	\$426	\$510	\$600
Pediatric/Family Practice Nurse Practitioner	\$523	\$554	\$663	\$780
All Other Nurse Practitioners	\$281	\$298	\$357	\$420

Self-Employed Nurses

Obstetrical Nurses				
Part Time	\$387	\$410	\$491	\$578
Full Time	\$590	\$625	\$748	\$880
All Other Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)				
Part Time	\$119	\$126	\$150	\$177
Full Time	\$235	\$249	\$298	\$350
Obstetrical Nurse Practitioners				
Part Time	\$643	\$682	\$816	\$960
Full Time	\$643	\$682	\$816	\$960
Pediatric/Family Nurse Practitioners				
Part Time	\$523	\$554	\$663	\$780
Full Time	\$643	\$682	\$816	\$960
All Other Nurse Practitioners				
Part Time	\$422	\$447	\$536	\$630
Full Time	\$643	\$682	\$816	\$960

Employees of Firms

Physical Therapists, Athletic Trainers and Massage Therapists	\$133	\$141	\$168	\$198
General Duty Nurses	\$ 60	\$ 63	\$ 76	\$ 89
First Year Graduate RN's	\$ 30	\$ 32	\$ 38	\$ 45
LPN's, LVN's, Aides, Assistants	\$ 46	\$ 48	\$ 58	\$ 68
Allied Health Tech's and Aides	\$ 54	\$ 57	\$ 68	\$ 80
Miscellaneous Therapists	\$ 57	\$ 60	\$ 72	\$ 85
Rehab Professionals	\$ 93	\$ 99	\$118	\$139

Optional Coverages

General Liability-each employee including clerical		\$ 10	\$ 11
Additional Insureds			
Professional Liability Only		\$110	\$125
Professional & General Liability		\$130	\$150
Non-Owned Automobile			
0 - 10 Employees (Flat Charge)		\$ 70	\$ 80
11 or more Employees (each employee)		\$ 7	\$ 8

8/94 (Effective 1/1/95)

1000 - 1 1005

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES - NURSES PROGRAM
(Effective 9/1/98)

1. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. "Part-Time" is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. "Full Time" is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-Employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy ("groups"). This premium credit will be based upon the number of professionals insured under such "group" as follows:

<u>Number of Professionals</u>	<u>Credit</u>
2 - 9	4.00%
10 -14	8.00%
15+	12.00%

*superseded
2/15/04*

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES - NURSES PROGRAM (continued)
(Effective 9/1/98)

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
 \$.49 or less shall be dropped;
 \$.50 or more shall be rounded to the next whole dollar.
9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. The following lists the limits of liability for each supplementary payments coverage offered under this policy:

First Party Assault	\$5,000 each assault/\$10,000 policy aggregate
Licensing Board Reimbursement	\$5,000 per incident/\$10,000 policy aggregate
Wage Loss and Expense	\$10,000 policy aggregate
Deposition Expense Reimbursement	\$5,000 policy aggregate
First Aid Reimbursement	\$2,500 policy aggregate
Damage to Property of Others	\$500 policy aggregate
Medical Payments	\$1,500 per person/\$75,000 policy aggregate

11. Decreased and Increased Limits factors apply to the \$1,000,000/\$3,000,000 base limit rate and are as follows:

<u>Limit Option</u>	<u>Limits Factor</u>
\$100,000/\$300,000	0.67
\$200,000/\$600,000	0.71
\$500,000/\$1,000,000	0.83
\$1,000,000/\$3,000,000	1.00
\$2,000,000/\$4,000,000	1.17

12. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM

Employed Professionals 1M/3M

First Year Graduate RN's, LPN's, LVN's, Nurses Aides/Assistants	\$ 68
RN's (excluding Obstetrical RN's)	\$ 89
Obstetrical RN's	\$385
Pharmacists	\$151
Speech & Hearing	\$79
Dental Hygienist	\$ 66
Rehabilitation Therapists	\$144
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists	\$194
Dieticians	\$ 76
Opticians	\$174
Occupational Therapists	\$ 76
Medical Technologists	\$ 87
Respiratory Therapists	\$ 76

Advanced Practice Nurses*

Obstetrical Advanced Practice Nurse*	\$960
Psychiatric Advanced Practice Nurse*	\$600
Pediatric/Family Practice Advanced Practice Nurse*	\$780
All Other Advanced Practice Nurses*	\$420

Self-Employed Professionals

Obstetrical Nurses	\$880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	\$350
Pharmacists	\$407
Speech & Hearing	\$143
Dental Hygienist	\$252
Rehabilitation Therapists	\$409
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists, Orthopedic Technicians	\$938
Dieticians	\$283
Opticians	\$299
Occupational Therapists	\$212
Medical Technologists	\$332
Respiratory Therapists	\$289

*Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority (employed or self-employed).

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM (Continued)

<u>Optional Coverages</u>	<u>1M/3M</u>
General Liability-1st location	\$120
Each Additional Location	\$ 50
Additional Insureds	
Professional Liability Only	\$125
Professional & General Liability	\$150
Non-Owned Automobile	
0 - 10 Employees (Flat Charge)	\$ 80
11 or more Employees (each employee)	\$ 8

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES - NURSES PROGRAM
(Effective 9/1/98)

1. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. "Part-Time" is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. "Full Time" is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy ("groups"). This premium credit will be based upon the number of professionals insured under such "group" as follows:

<u>Number of Professionals</u>	<u>Credit</u>
2 - 9	4.00%
10 -14	8.00%
15+	12.00%

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES - NURSES PROGRAM (continued)
(Effective 9/1/98)

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. The following lists the limits of liability for each supplementary payments coverage offered under this policy:

First Party Assault	\$5,000 each assault/\$10,000 policy aggregate
Licensing Board Reimbursement	\$5,000 per incident/\$10,000 policy aggregate
Wage Loss and Expense	\$10,000 policy aggregate
Deposition Expense Reimbursement	\$5,000 policy aggregate
First Aid Reimbursement	\$2,500 policy aggregate
Damage to Property of Others	\$500 policy aggregate
Medical Payments	\$1,500 per person/\$75,000 policy aggregate

11. Decreased and Increased Limits factors apply to the \$1,000,000/\$3,000,000 base limit rate and are as follows:

<u>Limit Option</u>	<u>Limits Factor</u>
\$100,000/\$300,000	0.67
\$200,000/\$600,000	0.71
\$500,000/\$1,000,000	0.83
\$1,000,000/\$3,000,000	1.00
\$2,000,000/\$4,000,000	1.17

12. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM

Employed Professionals 1M/3M

First Year Graduate RN's	\$ 45
LPN's, LVN's, Nurses Aides/Assistants	\$ 68
RN's (excluding Obstetrical RN's)	\$ 89
Obstetrical RN's	\$385
Pharmacists	\$151
Speech & Hearing	\$ 79
Dental Hygienist	\$ 66
Rehabilitation Therapists	\$144
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists	\$194
Dieticians	\$ 76
Opticians	\$174
Occupational Therapists	\$ 76
Medical Technologists	\$ 87
Respiratory Therapists	\$ 76

Advanced Practice Nurses*

Obstetrical Advanced Practice Nurse*	\$960
Psychiatric Advanced Practice Nurse*	\$600
Pediatric/Family Practice Advanced Practice Nurse*	\$780
All Other Advanced Practice Nurses*	\$420

Self-Employed Professionals

Obstetrical Nurses	\$880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	\$350
Pharmacists	\$407
Speech & Hearing	\$143
Dental Hygienist	\$252
Rehabilitation Therapists	\$409
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists, Orthopedic Technicians	\$938
Dieticians	\$283
Opticians	\$299
Occupational Therapists	\$212
Medical Technologists	\$332
Respiratory Therapists	\$289

*Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority (employed or self-employed).

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM (Continued)

<u>Optional Coverages</u>	<u>1M/3M</u>
General Liability-1st location	\$120
Each Additional Location	\$ 50
Additional Insureds	
Professional Liability Only	\$125
Professional & General Liability	\$150
Non-Owned Automobile	
0 - 10 Employees (Flat Charge)	\$ 80
11 or more Employees (each employee)	\$ 8

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSING ORGANIZATIONS PURCHASING GROUP ASSOCIATION
RATING RULES - NURSES PROGRAM
(Effective 9/1/98)

1. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. "Part-Time" is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. "Full Time" is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-Employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy ("groups"). This premium credit will be based upon the number of professionals insured under such "group" as follows:

<u>Number of Professionals</u>	<u>Credit</u>
2 - 9	4.00%
10 -14	8.00%
15+	12.00%

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSING ORGANIZATIONS PURCHASING GROUP ASSOCIATION
RATING RULES - NURSES PROGRAM (continued)
(Effective 9/1/98)

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
- \$.49 or less shall be dropped;
 - \$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.

10. The following lists the limits of liability for each supplementary payments coverage offered under this policy:

First Party Assault	\$5,000 each assault/\$10,000 policy aggregate
Licensing Board Reimbursement	\$5,000 per incident/\$10,000 policy aggregate
Wage Loss and Expense	\$10,000 policy aggregate
Deposition Expense Reimbursement	\$5,000 policy aggregate
First Aid Reimbursement	\$2,500 policy aggregate
Damage to Property of Others	\$500 policy aggregate
Medical Payments	\$1,500 per person/\$75,000 policy aggregate

11. Decreased and Increased Limits factors apply to the \$1,000,000/\$3,000,000 base limit rate and are as follows:

<u>Limit Option</u>	<u>Limits Factor</u>
\$100,000/\$300,000	0.67
\$200,000/\$600,000	0.71
\$500,000/\$1,000,000	0.83
\$1,000,000/\$3,000,000	1.00
\$2,000,000/\$4,000,000	1.17

12. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSING ORGANIZATIONS PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM

Employed Professionals 1M/3M

First Year Graduate RN's, LPN's, LVN's, Nurses Aides/Assistants	\$ 68
RN's (excluding Obstetrical RN's)	\$ 89
Obstetrical RN's	\$385
Pharmacists	\$151
Speech & Hearing	\$ 79
Dental Hygienist	\$ 66
Rehabilitation Therapists	\$144
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists	\$194
Dieticians	\$ 76
Opticians	\$174
Occupational Therapists	\$ 76
Medical Technologists	\$ 87
Respiratory Therapists	\$ 76

Advanced Practice Nurses*

Obstetrical Advanced Practice Nurse*	\$960
Psychiatric Advanced Practice Nurse*	\$600
Pediatric/Family Practice Advanced Practice Nurse*	\$780
All Other Advanced Practice Nurses*	\$420

Self-Employed Professionals

Obstetrical Nurses	\$880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	\$350
Pharmacists	\$407
Speech & Hearing	\$143
Dental Hygienist	\$252
Rehabilitation Therapists	\$409
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists, Orthopedic Technicians	\$938
Dieticians	\$283
Opticians	\$299
Occupational Therapists	\$212
Medical Technologists	\$332
Respiratory Therapists	\$289

*Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority (employed or self-employed).

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSING ORGANIZATIONS PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM (Continued)

<u>Optional Coverages</u>	<u>1M/3M</u>
General Liability-1st location	\$120
Each Additional Location	\$ 50
Additional Insureds	
Professional Liability Only	\$125
Professional & General Liability	\$150
Non-Owned Automobile	
0 - 10 Employees (Flat Charge)	\$ 80
11 or more Employees (each employee)	\$ 8

CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES - NURSES PROGRAM
(Effective 9/1/98)

1. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. "Part-Time" is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. "Full Time" is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-Employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy ("groups"). This premium credit will be based upon the number of professionals insured under such "group" as follows:

<u>Number of Professionals</u>	<u>Credit</u>
2 - 9	4.00%
10 -14	8.00%
15+	12.00%

CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES - NURSES PROGRAM (continued)
(Effective 9/1/98)

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.

10. The following lists the limits of liability for each supplementary payments coverage offered under this policy:

First Party Assault	\$5,000 each assault/\$10,000 policy aggregate
Licensing Board Reimbursement	\$5,000 per incident/\$10,000 policy aggregate
Wage Loss and Expense	\$10,000 policy aggregate
Deposition Expense Reimbursement	\$5,000 policy aggregate
First Aid Reimbursement	\$2,500 policy aggregate
Damage to Property of Others	\$500 policy aggregate
Medical Payments	\$1,500 per person/\$75,000 policy aggregate

11. Decreased and Increased Limits factors apply to the \$1,000,000/\$3,000,000 base limit rate and are as follows:

<u>Limit Option</u>	<u>Limits Factor</u>
\$100,000/\$300,000	0.67
\$200,000/\$600,000	0.71
\$500,000/\$1,000,000	0.83
\$1,000,000/\$3,000,000	1.00
\$2,000,000/\$4,000,000	1.17

12. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

SEP - 1998

CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM

Employed Professionals 1M/3M

First Year Graduate RN's, LPN's, LVN's, Nurses Aides/Assistants	\$ 68
RN's (excluding Obstetrical RN's)	\$ 89
Obstetrical RN's	\$385
Pharmacists	\$151
Speech & Hearing	\$79
Dental Hygienist	\$ 66
Rehabilitation Therapists	\$144
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists	\$194
Dieticians	\$ 76
Opticians	\$174
Occupational Therapists	\$ 76
Medical Technologists	\$ 87
Respiratory Therapists	\$ 76

Advanced Practice Nurses*

Obstetrical Advanced Practice Nurse*	\$960
Psychiatric Advanced Practice Nurse*	\$600
Pediatric/Family Practice Advanced Practice Nurse*	\$780
All Other Advanced Practice Nurses*	\$420

Self-Employed Professionals

Obstetrical Nurses	\$880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	\$350
Pharmacists	\$407
Speech & Hearing	\$143
Dental Hygienist	\$252
Rehabilitation Therapists	\$409
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists, Orthopedic Technicians	\$938
Dieticians	\$283
Opticians	\$299
Occupational Therapists	\$212
Medical Technologists	\$332
Respiratory Therapists	\$289

*Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority (employed or self-employed).

CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM (Continued)

<u>Optional Coverages</u>	<u>1M/3M</u>
General Liability-1st location	\$120
Each Additional Location	\$ 50
Additional Insureds	
Professional Liability Only	\$125
Professional & General Liability	\$150
Non-Owned Automobile	
0 - 10 Employees (Flat Charge)	\$ 80
11 or more Employees (each employee)	\$ 8

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
MENTAL HEALTH SPECIALISTS PROGRAM
RATING GUIDELINES**

1. APPLICATION OF THESE RULES

These pages contain the rules and rates for writing professional liability insurance for professional counselors, psychologists and social workers.

2. PREMIUM COMPUTATION

The premium shall be computed by applying the appropriate rate per person to the total number of individuals who are named insureds, partners of an insured partnership, officers and shareholders of an insured professional corporation or employed professional of any named insured.

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down
- b. any amount involving \$.50 or more shall be rounded up

4. ADDITIONAL/RETURN PREMIUM

Prorate all changes requiring additional or return premium. Apply the rates and rules that were in effect at the inception date of the current policy period.

5. PART-TIME PRACTICE

A part-time rate will apply to self-employed professionals or rateable members of a group who work 20 hours or less per week. The part-time rate is 65% of the full-time rate and applies to each qualified individual.

6. NEW PRACTITIONER

The rate for professionals who begin working in their profession upon completion of their schooling will be 75% of the applicable professional rate.

7. SIZE OF FIRM

If the named insured is a group, corporation or self-employed with employees, a premium credit may be applied to the developed premium, subject to the following:

<u>Number of rateable Owners & Employees</u>	<u>Premium Credit</u>
1 - 2	0%
3 - 5	4%
6 - 10	6%
11 - 15	8%
16 - 20	10%
Over 20	Refer

8. RISK MANAGEMENT

A credit will apply for the attendance at a Risk Management Workshop or risk management self-study course that is approved by the Company. The credit is 10% of the professional liability premium and is applied for a period of two years. For groups, at least half of the professional members must have participated in risk management within the previous sixteen months to qualify for this credit.

A one-time credit of 10% will be applied for an applicant who has completed and passed the National Board Certified Counselor examination.

At no time will the total risk management credit for any policy exceed 10%.

9. GROUP, PARTNERSHIP OR CORPORATION

A charge will apply to all groups, partnerships or corporations if not all of its owners, partners, or officers are insured under the entity's policy. The charge is 10% of the developed premium that would apply as a CIC insured for those individuals not insured under the entity's policy.

11. INCREASED LIMIT OF LIABILITY

The factor of 0.17 is applied to the appropriate \$1,000,000 per occurrence or incident, \$3,000,000 aggregate to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability.

12. MODIFICATION SCHEDULE

The hazards vary with the organization, loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus or minus 25%.

- a. Loss Control/Risk Management range -25% to 0
Based on attendance at an approved risk management seminar or loss control program within the facility. The modification is applied to the rateable owners and employee's premium.
- b. Claims Experience range -25% to +25%
The number of claims, severity of claims and type of claims for each individual and the risk as a whole.

13. A 5% credit will be applied to the premium if the insured has also purchased a Business Owners Liability Policy.

14. OPTIONAL COVERAGES

The following optional coverages are only available to insureds who are groups or self-employed. The limit of the optional coverage must equal the professional liability limit.

For Non-Owned Automobile coverage, a flat rate applies to insureds with 0 - 10 employees. For insureds with 11 or more employees the premium is calculated based on the rate shown multiplied by the total number of employees, including clerical.

<u>Coverages</u>	<u>Limit Options</u>			
	<u>200k/200k</u>	<u>500k/500k</u>	<u>1M/1M</u>	<u>1M/3M</u>
General Liability				
First Location	89	105	118	120
Each Subsequent Location	36	42	47	48
Non-Owned Automobile				
0 - 10 Employees (Flat Charge)	62	72	83	83
11 or more Employees (each employees)	6	7	8	8

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
MENTAL HEALTH SPECIALISTS PROGRAM
PROFESSIONAL LIABILITY RATES**

<u>Counselors</u>	Rates Per Person			
	<u>200K/200K</u>	<u>500K/500K</u>	<u>1M/1M</u>	<u>1M/3M</u>
Employed Counselor	156	193	267	298
Drug & Alcohol Counselor	88	135	191	205
School Counselor (k-12)	94	118	167	183
Employed Social Worker	130	142	186	200
<u>Self - Employed and Groups</u>				
Per partner, director, owner, officer and self-employed				
-Counselor	268	291	381	410
-Drug & Alcohol Counselor	88	135	191	205
-Social Worker	179	195	256	275
-Other Professional+	268	291	381	410
Per employee of a self-employed individual or group				
-Counselor	268	291	381	410
-Other Professional+	56	66	70	76
Per Independent Contractor	20	23	30	34
First Additional Insured	73	85	97	103
Each Subsequent Additional Insured	19	21	24	26

+ Does not include Psychologists or Social Workers

Mhsrts

CHICAGO INSURANCE COMPANY

August, 1997

AUG 15 1997

The following optional coverages are only available to insureds who are groups or self-employed. The limit of the optional coverage must equal the professional liability limit.

For Non-Owned Automobile coverage, a flat rate applies to insureds with 0 - 10 employees. For insureds with 11 or more employees the premium is calculated based on the rate shown multiplied by the total number of employees, including clerical.

<u>Coverages</u>	<u>Limit Options</u>			
	<u>200k/200k</u>	<u>500k/500k</u>	<u>1M/1M</u>	<u>1M/3M</u>
General Liability				
First Location	89	105	118	120
Each Subsequent Location	36	42	47	48
Non-Owned Automobile				
0 - 10 Employees (Flat Charge)	62	72	83	83
11 or more Employees (each employees)	6	7	8	8

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
MENTAL HEALTH SPECIALISTS PROGRAM
PROFESSIONAL LIABILITY RATES**

Any Psychologist

In State of: ILLINOIS

Rates Per Person			
<u>200K 200K</u>	<u>500K 500K</u>	<u>1M 1M</u>	<u>1M 3M</u>
843	979	1,271	1,429

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 2-1-2001

1. **Application:**

This manual contains the rating rules for all individual and group Optometric members of this purchasing group.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate. The following limits apply to other coverages:

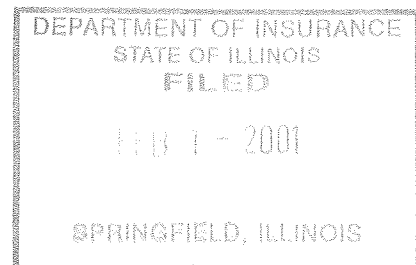
<i>Coverage</i>	<i>Limit of Liability (Individual)</i>	<i>Limit of Liability (Group)</i>
Supplemental Liability	Equal to Professional Liability	N/A
First Party Assault	\$5,000 each assault / \$10,000 aggregate	\$5,000 each assault / \$10,000 aggregate
Licensing Board Reimbursement	\$5,000 per proceeding / \$10,000 aggregate	\$5,000 per proceeding / \$10,000 aggregate
Wage Loss and Expense	\$10,000 aggregate	\$10,000 aggregate
Deposition Expense Reimbursement	\$5,000 aggregate	\$5,000 aggregate
First Aid Reimbursement	\$2,500 aggregate	\$2,500 aggregate
Damage to Property of Others	\$500 aggregate	N/A
Medical Payments	\$1,500 per person / \$75,000 aggregate	N/A

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.



superseded
2/15/04

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 2-1-2001

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Decreased or Increased Limits:**

The following Decreased or Increased Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. **Exposure Reduction:**

Reduced rates apply to Optometrists engaged in practices that reduce the risk of loss. If an Optometrist qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual Optometrists who have graduated within one year prior to the policy effective date. The rate for such Optometrists shall be 25% of the rate shown on the rate page.

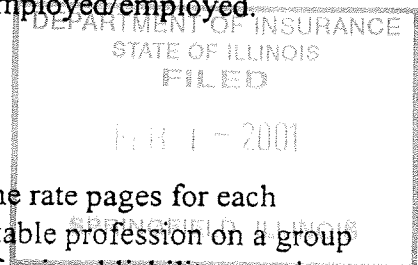
b.) **Part-time Practice:**

Part-time rates apply to Optometrists practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed/employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the rates shown on the rate pages for each professional insured under a policy. Opticians are not a ratable profession on a group policy. The sum of insurable professionals is the total professional liability premium.



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 2-1-2001

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. **Non-Owned Auto Premium:**

Premium is computed by multiplying the applicable rate by the number of employees of the Named Insured, subject to the minimum premium stated on the rate page. Non-owned automobile coverage is available to groups.

10. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

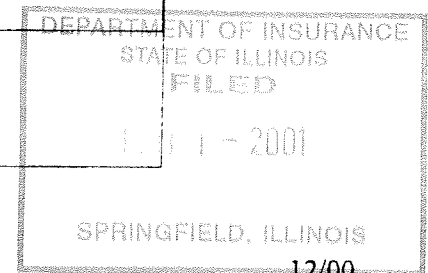
11. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 above is the policy premium.

12. **Group Size:**

Practices that consist of more than one ratable Optometric professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such group policy. This credit shall be applied to the policy premium according to the following schedule:

<i>Number of Professionals</i>	<i>Credit</i>
2 - 9	4.00%
10 - 14	8.00%
15+	12.00%



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 2-1-2001

13. **Risk Management Education:**

Optometrists are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the ratable professionals must have attended a "seminar" for this credit to apply.

14. **Additional Insurance:**

Premium is reduced for self-employed Optometrists obtaining office package insurance coverage from FFIC. The premium for such policies is 84% of the policy premium.



CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES
(Effective 1/1/95)

1. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. "Part-Time" is defined as an individual who works 16 hours or less per week.
3. "Full Time" is defined as an individual who works more than 16 hours per week.
4. Rates shown are for each professional.
5. Nurse Practitioners receive 35% credit for 10 hours per week or less "Hands on Care" (direct treatment) as a Nurse Practitioner.
6. Self-Employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the Rate Page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
7. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.

*Superseded
2-15-04*

**CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
ANNUAL RATES**

<u>Employed Nurses</u>	<u>100K/300K</u>	<u>200K/600K</u>	<u>500K/1M</u>	<u>1M/3M</u>
LPN's, LVN's, Aides, Assistants & First Year RN's	\$ 46	\$ 48	\$ 58	\$ 68
General Duty RN's	\$ 60	\$ 63	\$ 76	\$ 89
Obstetrical RN's	\$258	\$273	\$327	\$385
All Other RN's	\$106	\$112	\$134	\$158
Obstetrical Nurse Practitioner	\$643	\$682	\$816	\$960
Psychiatric Nurse Practitioner	\$402	\$426	\$510	\$600
Pediatric/Family Practice Nurse Practitioner	\$523	\$554	\$663	\$780
All Other Nurse Practitioners	\$281	\$298	\$357	\$420

Self-Employed Nurses

Obstetrical Nurses				
Part Time	\$387	\$410	\$491	\$578
Full Time	\$590	\$625	\$748	\$880
All Other Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)				
Part Time	\$119	\$126	\$150	\$177
Full Time	\$235	\$249	\$298	\$350
Obstetrical Nurse Practitioners				
Part Time	\$643	\$682	\$816	\$960
Full Time	\$643	\$682	\$816	\$960
Pediatric/Family Nurse Practitioners				
Part Time	\$523	\$554	\$663	\$780
Full Time	\$643	\$682	\$816	\$960
All Other Nurse Practitioners				
Part Time	\$422	\$447	\$536	\$630
Full Time	\$643	\$682	\$816	\$960

Employees of Firms*

Physical Therapists, Athletic Trainers and Massage Therapists	\$133	\$141	\$168	\$198
General Duty Nurses	\$ 60	\$ 63	\$ 76	\$ 89
LPN's, LVN's, Aides, Assistants	\$ 46	\$ 48	\$ 58	\$ 68
Allied Health Tech's and Aides	\$ 54	\$ 57	\$ 68	\$ 80
Miscellaneous Therapists	\$ 57	\$ 60	\$ 72	\$ 85
Rehab Professionals	\$ 93	\$ 99	\$118	\$139

Optional Coverages*

General Liability-each employee including clerical		\$ 10	\$ 11
Additional Insureds			
Professional Liability Only		\$110	\$125
Professional & General Liability		\$130	\$150
Non-Owned Automobile			
0 - 10 Employees (Flat Charge)		\$ 70	\$ 80
11 or more Employees (each employee)		\$ 7	\$ 8

*New Rates

8/94 (Effective 1/1/95)

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES
(Effective 1/1/95)

1. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. "Part-Time" is defined as an individual who works 16 hours or less per week.
3. "Full Time" is defined as an individual who works more than 16 hours per week.
4. Rates shown are for each professional.
5. Nurse Practitioners receive 35% credit for 10 hours per week or less "Hands on Care" (direct treatment) as a Nurse Practitioner.
6. Self-Employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the Rate Page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
7. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
ANNUAL RATES

<u>Employed Nurses</u>	<u>100K/300K</u>	<u>200K/600K</u>	<u>500K/1M</u>	<u>1M/3M</u>
LPN's, LVN's, Aides, Assistants & First Year RN's	\$ 46	\$ 48	\$ 58	\$ 68
General Duty RN's	\$ 60	\$ 63	\$ 76	\$ 89
Obstetrical RN's	\$258	\$273	\$327	\$385
All Other RN's	\$106	\$112	\$134	\$158
Obstetrical Nurse Practitioner	\$643	\$682	\$816	\$960
Psychiatric Nurse Practitioner	\$402	\$426	\$510	\$600
Pediatric/Family Practice Nurse Practitioner	\$523	\$554	\$663	\$780
All Other Nurse Practitioners	\$281	\$298	\$357	\$420
<u>Self-Employed Nurses</u>				
Obstetrical Nurses				
Part Time	\$387	\$410	\$491	\$578
Full Time	\$590	\$625	\$748	\$880
All Other Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)				
Part Time	\$119	\$126	\$150	\$177
Full Time	\$235	\$249	\$298	\$350
Obstetrical Nurse Practitioners				
Part Time	\$643	\$682	\$816	\$960
Full Time	\$643	\$682	\$816	\$960
Pediatric/Family Nurse Practitioners				
Part Time	\$523	\$554	\$663	\$780
Full Time	\$643	\$682	\$816	\$960
All Other Nurse Practitioners				
Part Time	\$422	\$447	\$536	\$630
Full Time	\$643	\$682	\$816	\$960
<u>Employees of Firms</u>				
Physical Therapists, Athletic Trainers and Massage Therapists	\$133	\$141	\$168	\$198
General Duty Nurses	\$ 60	\$ 63	\$ 76	\$ 89
LPN's, LVN's, Aides, Assistants	\$ 46	\$ 48	\$ 58	\$ 68
Allied Health Tech's and Aides	\$ 54	\$ 57	\$ 68	\$ 80
Miscellaneous Therapists	\$ 57	\$ 60	\$ 72	\$ 85
Rehab Professionals	\$ 93	\$ 99	\$118	\$139
<u>Optional Coverages</u>				
General Liability-each employee including clerical			\$ 10	\$ 11
Additional Insureds				
Professional Liability Only			\$110	\$125
Professional & General Liability			\$130	\$150
Non-Owned Automobile				
0 - 10 Employees (Flat Charge)			\$ 70	\$ 80
11 or more Employees (each employee)			\$ 7	\$ 8

8/94 (Effective 1/1/95)

JAN 1 - 1995

OCTOBER, 1993

AMERICAN HEALTH CARE PROFESSIONALS PURCHASING GROUP ASSOCIATION
RATE PAGE

	<u>\$1MM/\$3MM</u>	<u>\$500K/\$1MM</u>	<u>\$200K/\$600K</u>	<u>\$100K/\$300K</u>
<u>Employed Nurses</u>				
LPN's, LVN's, Aides, Assistants & First Year RN's	\$ 68	\$ 58	\$ 48	\$ 46
General Duty RN's	\$ 89	\$ 76	\$ 63	\$ 60
Obstetrical RN's	\$385	\$327	\$273	\$258
All Other RN's	\$158	\$134	\$112	\$106
Obstetrical Nurse Practitioner	\$960	\$816	\$682	\$643
Psychiatric Nurse Practitioner	\$600	\$510	\$426	\$402
Pediatric/Family Practice Nurse Practitioner	\$780	\$663	\$554	\$523
All Other Nurse Practitioners	\$420	\$357	\$298	\$281
<u>Self-Employed</u>				
Obstetrical Nurses				
Part Time	\$578	\$491	\$410	\$387
Full Time	\$880	\$748	\$625	\$590
All Other Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)				
Part Time	\$177	\$150	\$126	\$119
Full Time	\$350	\$298	\$249	\$235
Obstetrical Nurse Practitioners				
Part Time	\$960	\$816	\$682	\$643
Full Time	\$960	\$816	\$682	\$643
Pediatric/Family Nurse Practitioners				
Part Time	\$780	\$663	\$554	\$523
Full Time	\$960	\$816	\$682	\$643
All Other Nurse Practitioners				
Part Time	\$630	\$536	\$447	\$422
Full Time	\$960	\$816	\$682	\$643
Student Nurses	\$ 33	N/A	N/A	N/A

Chicago Insurance Company

Supplied
2-15-04

2003 10 004

AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATE PAGE (CONTINUED)

<u>Employees of Firms</u>				
Physical Therapists, Athletic Trainers and Massage Therapists	\$198	\$168	\$141	\$133
General Duty Nurses	\$ 89	\$ 76	\$ 63	\$ 60
LPN's, LVN's, Aides, Assistants	\$ 68	\$ 58	\$ 48	\$ 46
Allied Health Tech's and Aides	\$ 80	\$ 68	\$ 57	\$ 54
Miscellaneous Therapists	\$ 85	\$ 72	\$ 60	\$ 57
Rehab Professionals	\$139	\$118	\$ 99	\$ 93

OPTIONAL COVERAGES

The following optional coverages are only available to self-employed nurses. Two limits are offered for these coverages. The "per incident" limit of the optional coverage must equal the "per incident" professional liability limit.

For Extended Liability coverage and/or Non-Owned Automobile coverage, use the rates shown below.

<u>Coverage</u>	<u>Limit</u>	<u>Options</u>
Extended Liability (Each Employee including Clerical)	\$ 10	\$ 11
Additional Insureds		
Professional Liability Only	\$110	\$125
Extended Liability Only	\$ 20	\$ 25
Professional & Extended Liability	\$130	\$150
Non-Owned Automobile	<u>Limit</u>	<u>Options</u>
0 - 10 Employees (Flat Charge)	\$500K/\$500K	\$1MM/\$1MM
11 or More Employees (Each Employee)	\$ 70	\$ 80
	\$ 7	\$ 8

Chicago Insurance Company

AMERICAN HEALTH CARE PROFESSIONS
PURCHASING GROUP ASSOCIATION
RATING RULES

OCTOBER, 1993
(page three)

1. "Individual Coverage" applies to the individual person(s) named on the Declarations Page as "Named Insured".
2. "Association, Partnership, Corporation Coverage" applies to the business entity(ies) named in the Declarations Page.
3. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
4. "Part Time" is defined as an individual who works 16 hours or less per week.
5. "Full Time" is defined as an individual who works more than 16 hours per week.
6. Rates shown are for each professional.
7. Nurse Practitioners receive 35% credit for 10 hours per week or less "Hands on Care" (direct treatment) as a Nurse Practitioner.
8. Self-Employed individual - rates shown are for each professional, either part time or full time.
9. Self-Employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the Rate Page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.

Chicago Insurance Company

PROFESSIONAL NURSING ORGANIZATIONS PURCHASING GROUP ASSOCIATION
RATE PAGE

<u>Employed Nurses</u>	<u>\$1MM/\$3MM</u>	<u>\$500K/\$1MM</u>	<u>\$200K/\$600K</u>	<u>\$100K/\$300K</u>
LPN's, LVN's, Aides, Assistants & First Year RN's	\$ 68	\$ 58	\$ 48	\$ 46
General Duty RN's	\$ 89	\$ 76	\$ 63	\$ 60
Obstetrical RN's	\$385	\$327	\$273	\$258
All Other RN's	\$158	\$134	\$112	\$106
Obstetrical Nurse Practitioner	\$960	\$816	\$682	\$643
Psychiatric Nurse Practitioner	\$600	\$510	\$426	\$402
Pediatric/Family Practice Nurse Practitioner	\$780	\$663	\$554	\$523
All Other Nurse Practitioners	\$420	\$357	\$298	\$281
<u>Self-Employed</u>				
Obstetrical Nurses				
Part Time	\$578	\$491	\$410	\$387
Full Time	\$880	\$748	\$625	\$590
All Other Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)				
Part Time	\$177	\$150	\$126	\$119
Full Time	\$350	\$298	\$249	\$235
Obstetrical Nurse Practitioners				
Part Time	\$960	\$816	\$682	\$643
Full Time	\$960	\$816	\$682	\$643
Pediatric/Family Nurse Practitioners				
Part Time	\$780	\$663	\$554	\$523
Full Time	\$960	\$816	\$682	\$643
All Other Nurse Practitioners				
Part Time	\$630	\$536	\$447	\$422
Full Time	\$960	\$816	\$682	\$643

OCT 1993

<u>Employees of Firms</u>				
Physical Therapists, Athletic Trainers and Massage Therapists	\$198	\$168	\$141	\$133
General Duty Nurses	\$ 89	\$ 76	\$ 63	\$ 60
LPN's, LVN's, Aides, Assistants	\$ 68	\$ 58	\$ 48	\$ 46
Allied Health Tech's and Aides	\$ 80	\$ 68	\$ 57	\$ 54
Miscellaneous Therapists	\$ 85	\$ 72	\$ 60	\$ 57
Rehab Professionals	\$139	\$118	\$ 99	\$ 93

OPTIONAL COVERAGES

The following optional coverages are only available to self-employed nurses. Two limits are offered for these coverages. The "per incident" limit of the optional coverage must equal the "per incident" professional liability limit.

For Extended Liability coverage and/or Non-Owned Automobile coverage, use the rates shown below.

<u>Coverage</u>	<u>Limit Options</u> <u>\$500K/\$500K</u>	<u>\$1MM/\$2MM</u>
Extended Liability (Each Employee including Clerical)	\$ 10	\$ 11
Additional Insureds		
Professional Liability Only	\$110	\$125
Extended Liability Only	\$ 20	\$ 25
Professional & Extended Liability	\$130	\$150
	<u>Limit Options</u> <u>\$500K/\$500K</u>	<u>\$1MM/\$1MM</u>
Non-Owned Automobile		
0 - 10 Employees (Flat Charge)	\$ 70	\$ 80
11 or More Employees (Each Employee)	\$ 7	\$ 8

PROFESSIONAL NURSING ORGANIZATIONS
PURCHASING GROUP ASSOCIATION
RATING RULES

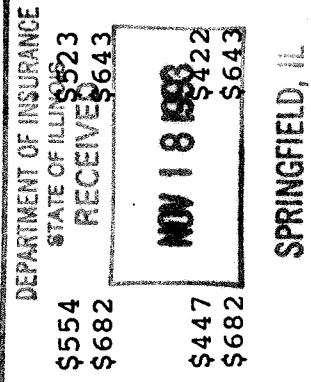
1. "Individual Coverage" applies to the individual person(s) named on the Declarations Page as "Named Insured".
2. "Association, Partnership, Corporation Coverage" applies to the business entity(ies) named in the Declarations Page.
3. "Self-Employed" is defined as professionals who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
4. "Part Time" is defined as an individual who works 16 hours or less per week.
5. "Full Time" is defined as an individual who works more than 16 hours per week.
6. Rates shown are for each professional.
7. Nurse Practitioners receive 35% credit for 10 hours per week or less "Hands on Care" (direct treatment) as a Nurse Practitioner.
8. Self-Employed individual - rates shown are for each professional, either part time or full time.
9. Self-Employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the Rate Page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.

CHICAGO INSURANCE COMPANY

NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATE PAGE

OCT 1993

<u>Employed Nurses</u>	<u>\$1MM/\$3MM</u>	<u>\$500K/\$1MM</u>	<u>\$200K/\$600K</u>	<u>\$100K/\$300K</u>
LPN's, LVN's, Aides, Assistants & First Year RN's	\$ 68	\$ 58	\$ 48	\$ 46
General Duty RN's	\$ 89	\$ 76	\$ 63	\$ 60
Obstetrical RN's	\$385	\$327	\$273	\$258
All Other RN's	\$158	\$134	\$112	\$106
Obstetrical Nurse Practitioner	\$960	\$816	\$682	\$643
Psychiatric Nurse Practitioner	\$600	\$510	\$426	\$402
Pediatric/Family Practice Nurse Practitioner	\$780	\$663	\$554	\$523
All Other Nurse Practitioners	\$420	\$357	\$298	\$281
<u>Self-Employed</u>				
Obstetrical Nurses				
Part Time	\$578	\$491	\$410	\$387
Full Time	\$880	\$748	\$625	\$590
All Other Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)				
Part Time	\$177	\$150	\$126	\$119
Full Time	\$350	\$298	\$249	\$235
Obstetrical Nurse Practitioners				
Part Time	\$960	\$816	\$682	\$643
Full Time	\$960	\$816	\$682	\$643
Pediatric/Family Nurse Practitioners				
Part Time	\$780	\$663	\$554	\$523
Full Time	\$960	\$816	\$682	\$643
All Other Nurse Practitioners				
Part Time	\$630	\$536	\$447	\$422
Full Time	\$960	\$816	\$682	\$643

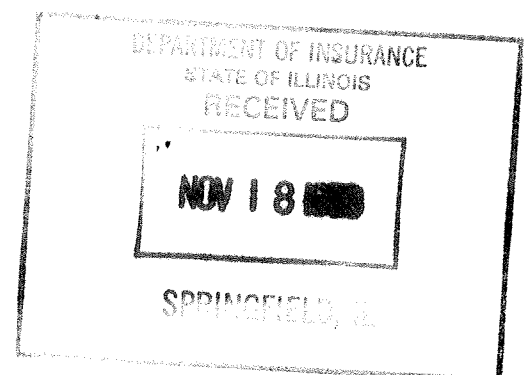


NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES

OCT 1993

1. "Individual Coverage" applies to the individual person(s) named on the Declarations Page as "Named Insured".
2. "Self-Employed" is defined as one who functions full or part-time as an independent contractor (agent) with private patients, or as a consultant, paid on a fee for service basis.
3. "Part Time" is defined as an individual who works 16 hours or less per week.
4. "Full Time" is defined as an individual who works more than 16 hours per week.
5. Rates shown are for each professional.
6. Nurse Practitioners receive 35% credit for 10 hours per week or less "Hands on Care" (direct treatment) as a Nurse Practitioner.

CHICAGO INSURANCE COMPANY



NOV 1993

CHICAGO INSURANCE COMPANY - MED. MAL.

MENTAL HEALTH SPECIALISTS OCCURRENCE NON-OWNED AUTO LIABILITY RATES

	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
1-10 Employees	62.	72.	83.	83.
Each Employee over 10	6.	7.	8.	8.

CHICAGO INS. CO.
superseded
9-1-97

XVIII. Payment Terms

1. Agency Bill - Net payment due to Geo. F. Brown 45 days from the end of the month in which business is effective.
2. Direct Bill -

Term	% Down-Payment	Number of Installments/%	Service Fee Per Installment
6 Mo.	40%	2 (30% each)	\$6.00
6 Mo.	30%	3 (25%, 25%, 20%)	\$6.00
6 Mo.	25%	4 (1st 3 @ 20%, last is 15%)	\$6.00
12 Mo.	20%	5 (16% each)	\$6.00
12 Mo.	20%	7 (6 @ 12%, last is 8%)	\$6.00
12 Mo.	20%	8 (10% each)	\$6.00

3. Fees/Rules -

A. Each installment carries a \$6.00 service fee.

B. Overdue payments received 5 to 14 calendar days after the due date will be reinstated with a lapse in coverage. A \$10.00 reinstatement fee will be charged. Payments received after 14 calendar days will not be accepted. A request to issue a new policy must be submitted if coverage is desired.

NOTE: SR-22 policies cannot be reinstated with a lapse; these must be rewritten and are subject to new business rates currently in effect.

C. There is a service charge of \$15.00 if a check is returned by the bank as uncollectible.

D. Direct bill policies are not permitted to be financed.

4. Commission Payment - Direct Bill -

Commissions on direct bill business will be paid up front within 30 days of the effective month of the business based on premiums received. Producer will be charged for return commission if installments are not paid, return premiums and cancellations.

- Increased the aggregate limits for general liability and non-owned automobile coverages. It is noted in the attached rule pages. This was done to clarify that the limits for the optional coverages are part of, not in addition to, the policy limits. There should be no rate impact from this change as it is unlikely that claims will reach the aggregate limits. (We have never had an aggregate eroded on the program.)
- Developed a part-time rate for physical therapists, massage therapists and athletic trainers who are employees of PT firms. The new rate is noted on the attached rate page. This relates with the part-time rate available to physical therapists who are self-employed or have individual employed policies. The rate has the same relativity as the self-employed part-time rate.
- Grouped all the non-physical therapist, massage therapists and athletic trainer employees of PT firms into one rating category with a blended rate. The new rate is listed on the rate page. The old rates ranged from \$68 to \$198, the new rate is \$80. This will ease the administration and avoid problems of matching the rates of programs with similar insureds. The blended rate is designed to be revenue neutral.

8/94 (Eff. 1/1/95)

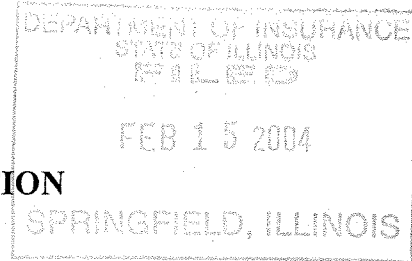
CHICAGO INSURANCE COMPANY - MEDICAL MALPRACTICE
ANA / SNA PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 2/15/2004

<u>Employed Professionals</u>	<u>1M / 6M</u>
First Year Graduate RN's	45
LPN's, LVN's, Nurses Aides/Assistants	89
RN's (excluding Obstetrical RN's)	89
Obstetrical RN's	385
Pharmacists	151
Speech & Hearing	79
Dental Hygienist	66
Rehabilitation Therapists	158
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers,	
Massage Therapists	213
Dieticians	76
Opticians	209
Occupational Therapists	76
Medical Technologists	104
Respiratory Therapists	84
<u>Advanced Practice Nurses *</u>	
Obstetrical Advanced Practice Nurse *	1152
Psychiatric Advanced Practice Nurse *	720
Pediatric/Family Practice Advanced Practice Nurse *	936
All Other Advanced Practice Nurse *	504
<u>Self-Employed Professionals</u>	
Ostetrical Nurses	880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief	
Supervisors)	350
Pharmacists	407
Speech & Hearing	143
Dental Hygienist	252
Rehabilitation Therapists	450
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers,	
Massage Therapists, Orthopedic Technicians	1032
Dieticians	283
Opticians	359
Occupational Therapists	212
Medical Technologists	398
Respiratory Therapists	318

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority (employed or self-employed).

CHICAGO INS. CO.
SUPERCEDED
7-1-05

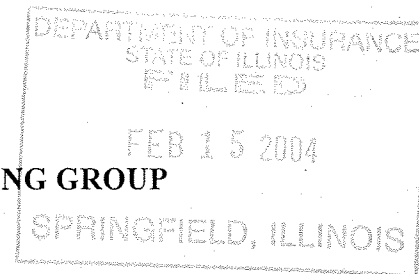
CHICAGO INSURANCE COMPANY
ANA / SNA PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 2/15/2004



Optional Coverages

	<u>1M / 6M</u>
General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150

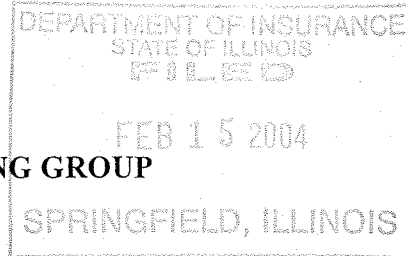
CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONALS PURCHASING GROUP
ANNUAL RATES - NURSES PROGRAM
Effective 2/15/2004



<u>Employed Professionals</u>	<u>1M / 6M</u>
First Year Graduate RN's	45
LPN's, LVN's, Nurses Aides/Assistants	89
RN's (excluding Obstetrical RN's)	89
Obstetrical RN's	385
Pharmacists	151
Speech & Hearing	79
Dental Hygienist	66
Rehabilitation Therapists	158
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers,	
Massage Therapists	213
Dieticians	76
Opticians	209
Occupational Therapists	76
Medical Technologists	104
Respiratory Therapists	84
 <u>Advanced Practice Nurses *</u>	
Obstetrical Advanced Practice Nurse *	1152
Psychiatric Advanced Practice Nurse *	720
Pediatric/Family Practice Advanced Practice Nurse *	936
All Other Advanced Practice Nurse *	504
 <u>Self-Employed Professionals</u>	
Ostetrical Nurses	880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief	
Supervisors)	350
Pharmacists	407
Speech & Hearing	143
Dental Hygienist	252
Rehabilitation Therapists	450
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers,	
Massage Therapists, Orthopedic Technicians	1032
Dieticians	283
Opticians	359
Occupational Therapists	212
Medical Technologists	398
Respiratory Therapists	318

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority (employed or self-employed).

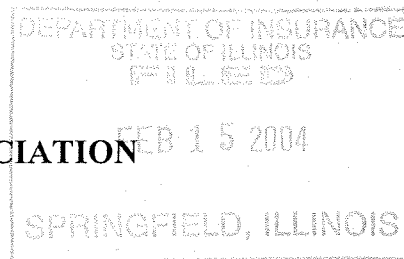
CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONALS PURCHASING GROUP
ANNUAL RATES - NURSES PROGRAM
Effective 2/15/2004



Optional Coverages

	<u>1M / 6M</u>
General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150

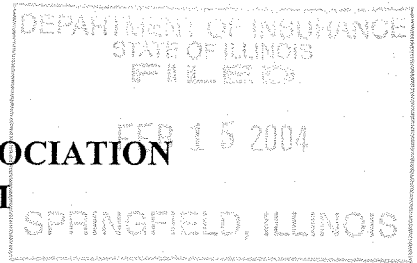
CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 2/15/2004



<u>Employed Professionals</u>	<u>1M / 6M</u>
First Year Graduate RN's	45
LPN's, LVN's, Nurses Aides/Assistants	89
RN's (excluding Obstetrical RN's)	89
Obstetrical RN's	385
Pharmacists	151
Speech & Hearing	79
Dental Hygienist	66
Rehabilitation Therapists	158
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers,	
Massage Therapists	213
Dieticians	76
Opticians	209
Occupational Therapists	76
Medical Technologists	104
Respiratory Therapists	84
<u>Advanced Practice Nurses *</u>	
Obstetrical Advanced Practice Nurse *	1152
Psychiatric Advanced Practice Nurse *	720
Pediatric/Family Practice Advanced Practice Nurse *	936
All Other Advanced Practice Nurse *	504
<u>Self-Employed Professionals</u>	
Ostetrical Nurses	880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	350
Pharmacists	407
Speech & Hearing	143
Dental Hygienist	252
Rehabilitation Therapists	450
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers,	
Massage Therapists, Orthopedic Technicians	1032
Dieticians	283
Opticians	359
Occupational Therapists	212
Medical Technologists	398
Respiratory Therapists	318

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority (employed or self-employed).

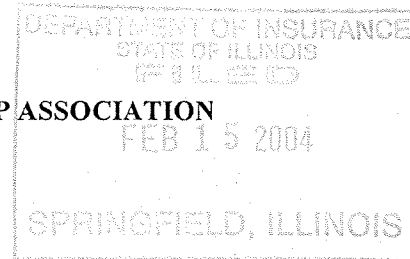
CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 2/15/2004



Optional Coverages

	<u>1M / 6M</u>
General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 2/15/2004



Employed Professionals

1M / 6M

First Year Graduate RN's	45
LPN's, LVN's, Nurses Aides/Assistants	89
RN's (excluding Obstetrical RN's)	89
Obstetrical RN's	385
Pharmacists	151
Speech & Hearing	79
Dental Hygienist	66
Rehabilitation Therapists	158
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers,	
Massage Therapists	213
Dieticians	76
Opticians	209
Occupational Therapists	76
Medical Technologists	104
Respiratory Therapists	84

Advanced Practice Nurses *

Obstetrical Advanced Practice Nurse *	1152
Psychiatric Advanced Practice Nurse *	720
Pediatric/Family Practice Advanced Practice Nurse *	936
All Other Advanced Practice Nurse *	504

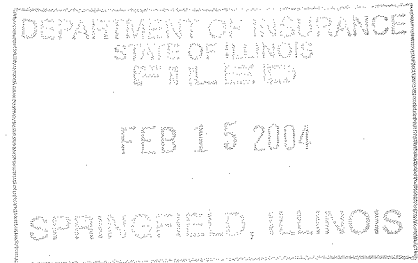
Self-Employed Professionals

Ostetrical Nurses	880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	350
Pharmacists	407
Speech & Hearing	143
Dental Hygienist	252
Rehabilitation Therapists	450
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers,	
Massage Therapists, Orthopedic Technicians	1032
Dieticians	283
Opticians	359
Occupational Therapists	212
Medical Technologists	398
Respiratory Therapists	318

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority (employed or self-employed).

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 2/15/2004

<u>Optional Coverages</u>	<u>1M / 6M</u>
General Liability - First Location	- 120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150



PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER ALLIED
HEALTH THERAPISTS

OCCUPATION	200 CSL	500 CSL	1M CSL	1M/3M	CHANGE	
PHARMACISTS						
Employed	100.	118.	134.	144.	same	5% INCR.
Consulting-Self-Employed*	273.	317.	364.	388.	same	"
Consulting-Part Time S.E.*	132.	154.	176.	188.	same	"
* includes retail druggists						
REHABILITATION COUNSELORS						
Employed	84.	89.	116.	125.	same	15% INCR.
Self-Employed	248.	256.	333.	356.	same	"
Part Time S.E.	142.	149.	194.	207.	same	"
Employee rates	85.	88.	114.	124.	same	"
SPEECH/HEARING THERAPISTS						
Employed	43.	50.	57.	79.	same	
Self-Employed	78.	91.	105.	143.	same	
Employee rates	28.	32.	36.	39.	same	
ATHLETIC TRAINERS & MASSAGE THERAPISTS						
Employed	128.	148.	166.	176.	same	10% INCR.
Self-Employed	617.	718.	806.	853.	same	"
Part Time S.E.	264.	306.	343.	363.	same	"
DENTAL HYGIENISTS						
Employed	50.	57.	62.	66.	same	
Self-Employed	188.	219.	238.	252.	same	
Part Time S.E.	84.	97.	105.	111.	same	
OPTOMETRISTS						
Employed	80.	91.	105.	109.	same	15% INCR.
Self-Employed	266.	313.	359.	380.	same	"
OPTICIANS						
Employed	106.	125.	143.	151.	same	"

1-1-95
CHICAGO
superseded
4-3-95

1-1-95
OCCUPATION-1993

OCCUPATION	200 CSL	500 CSL	1M CSL	1M/3M	CHANGE	
DIETITIAN						
Employed	54.	62.	72.	76.	same	
Self-Employed	205.	239.	275.	283.	same	
Part Time S.E.	91.	106.	121.	132.	same	
Employee Rates	53.	62.	72.	77.	same	
OCCUPATIONAL THERAPISTS						
Employed & Self-Employed						
10 hours or less per week	91.	106.	121.	132.	same	
Employed & Self-Employed						
More than 10 hours per week	154.	179.	206.	212.	same	
Self-Employed Only						
20 Hours or less per week	68.	80.	91.	99.	same	
Self-Employed Only						
More than 20 hours per week	154.	179.	206.	212.	same	
Employee Rates	53.	62.	72.	77.	same	
Employed Rates	54.	62.	72.	76.	same	
PHYSICAL THERAPIST EMPLOYERS OF NON-PHYSICAL THERAPY FIRMS						
	120.	137.	166.	176.	same	
NURSE - GENERAL DUTY						
	57.	68.	72.	79.	same	
SPORTS MEDICINE THERAPISTS						
Employed	227.	264.	297.	314.	same	
Self-Employed	1,000.	1,164.	1,307.	1,383.	same	
Employee Rates	205.	239.	268.	284.	same	
OTHER ALLIED HEALTH						
Employed	58.	66.	71.	76.	same	
Self-Employed	217.	252.	273.	289.	same	
Part Time S.E.	96.	111.	120.	128.	same	
Employee Rates	56.	66.	70.	75.	same	
OCCUPATION	200 CSL	500 CSL	1M CSL	1M/3M	CHANGE	
MEDICAL TECHNOLOGISTS						
Self-Employed	217.	252.	273.	289.	.15% INCR.	
Part Time Self-Employed	96.	111.	120.	128.	"	
Employed	58.	66.	71.	76.	"	
Employee Rates	56.	66.	70.	75.	"	

**PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER ALLIED
HEALTH THERAPISTS**

1-1-95
~~1-1-95~~

OCCUPATION	200 CSL	500 CSL	1M CSL	1M/3M	CHANGE
PHARMACISTS (Eligible for Risk Management Credit)					
Employed	91.	107.	122.	131.	same 5% INC
Consulting	248.	288.	331.	353.	same " "
Consulting-Part Time S.E.	120.	140.	160.	171.	same " "
ADDITIONAL INSUREDS (Each)					
Speech & Hearing	100.	118.	134.	142.	same
Sports Medicine	135.	159.	181.	192.	same
All Other Occupations	110.	129.	147.	156.	same

PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER ALLIED
HEALTH THERAPISTS

1-1-95
OCTOBER 1993

GENERAL LIABILITY	200 CSL	500 CSL	1M CSL	\$ CHANGE
SPEECH & HEARING Each Additional Location	73. 29.	83. 33.	95. 38.	same same
OCCUPATIONAL THERAPISTS AND DIETICIANS Each Additional Location	107. 44.	125. 51.	144. 58.	same same
REHABILITATION COUNSELORS Each Additional Location	147. 59.	174. 69.	198. 79.	same same
DENTAL HYGIENISTS Each Additional Location	98. 40.	116. 46.	132. 53.	same same
SPORTS MEDICINE THERAPISTS Each Additional Location	134. 54.	159. 64.	182. 73.	same same
ALL OTHER OCCUPATIONS Each Additional Location	112. 45.	133. 53.	152. 61.	same same

PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER ALLIED
HEALTH THERAPISTS

1-1-95
-00000000-0000-

<u>NON-OWNED AUTO LIABILITY</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>CHANGE</u>
SPEECH & HEARING				
Over 10 employees - submit to Company.	50.	57.	65.	same
OCCUPATIONAL THERAPISTS AND DIETICIANS				
Over 10 employees - rate per person.	74. 7.	86. 8.	99. 9.	same same
REHABILITATION COUNSELORS				
Over 10 employees - rate per person.	102. 10.	119. 11.	138. 13.	same same
DENTAL HYGIENISTS				
Over 10 employees - rate per person.	68. 7.	79. 8.	91. 9.	same same
SPORTS MEDICINE THERAPISTS				
Over 10 employees - submit to Company.	104.	121.	140.	same
ALL OTHER OCCUPATIONS				
Over 10 employees - rate per person.	78. 8.	91. 9.	105. 10.	same same

CHICAGO INSURANCE COMPANY

CHICAGO INSURANCE COMPANY — MED. MAL.

PSYCHOLOGIST PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
STATE OF ILLINOIS
CLAIMS MADE PSYCHOLOGISTS PLAN

1. The rates shown on the rate pages apply per individual person insured under the policy. The base rates are shown on the rate pages entitled "All Other". The two other sets of rates incorporate the modifications that were agreed upon between CIC and the Department in our October 17, 1995 submission.

2. **Size of Firm Credit**

A credit will be applied to the total group premium for the ratable headcount as follows:

<u>Group Size</u>	<u>Premium Credit</u>
3 - 5	4%
6 - 10	6%
11 - 15	8%
16 - 19	10%
20 and above	15%

*Group Size means total number of ratable headcount (owners and employees) and does not include independent contractors or additional insureds.

3. **Loss Prevention/Risk Management Credit**

A 5% risk management premium credit will apply for attendance at an American Psychological Association-approved seminar for continuing education, of at least 4 hours in length, for an individual policyholder. A 15% risk management premium credit will apply for completion of continuing education seminars directed and presented specifically by the APAIT (American Psychological Association Insurance Trust). The 15% credit will apply for 2 annual consecutive policy periods. For a group policy, 50% of the insureds within the group must have attended a seminar for the applicable 5% or 15% credit to apply. The total risk management credit may not exceed 15% in any one policy period. The credit will be a one-time basis (one seminar-one 5% or 15%). The credit is available up to a 15-month period following the attendance date.

*Superseded
10-1-98*

4. Additional Insureds

One additional insured premium applies to each entity for which additional insured status is requested. In the event a landlord is named as an additional insured under the premises liability, the standard rate for an additional insured will be waived.

5. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less will be dropped.

\$.50 or more will be rounded to the next whole dollar.

6. The Number of years that an insured served as a volunteer Board member for the American Psychological Association or any of the state psychological associations, as well as any of their kindred organizations, may be used towards credit in fulfilling the requirement of 5 years of continuous claims-made coverage with Chicago Insurance Company for a free ERP upon retirement (as described in the policy).

7. Extended Reporting Period Option

Charge for ERP:

- a. 90 % of the full annual premium for this policy, to a period of 12 months, or
- b. 135% of the full annual premium for this policy, to a period of 24 months, or
- c. 150% of the full annual premium for this policy, to a period of 36 months, or
- d. 175% of the full annual premium for this policy, to an unlimited period.

8. New Graduate Rate

The rate for a New Graduate Psychologist is 75% of the applicable Psychologist Rate.

9. Part-Time Rate

The rate for a part-time professional (20 hours or less per week) is 65% of the full-time rates shown on the rate sheets.

10. If a network is written, the applicable rates and rating rules herein will apply to the providers/contracting parties working on behalf of the network.

11. A charge will apply to all groups, partnerships or corporations if not all of the owners, partners, or officers are insured under the entity's policy or insured at all. The charge will be 10% of the premium that would apply as a CIC insured for those individuals not insured under the entity's policy or not insured at all.

12. An option is offered to purchase a limit of \$25,000 for reimbursement of costs incurred defending licensing board complaints at an additional charge of \$35 or a limit of \$50,000 for an additional charge of \$45.
13. For those individual psychologists who received the premium waived Extending Reporting Period as described in 7. above, and have subsequently decided to return to practice, they will re-enter the program at the Step following that which they left less a discount factor to be applied each year after re-entry based on the following chart:

Years <u>Retired</u>	<u>Years after re-entry</u>				
	1	2	3	4	5
1	0.87	0.89	0.93	0.98	1.00
2	0.73	0.79	0.89	0.97	1.00
3	0.62	0.74	0.86	0.96	1.00
4	0.56	0.70	0.84	0.95	1.00
5+	0.51	0.68	0.83	0.95	1.00

14. A 5% credit will be applied to the premium if the insured has also purchased a Business Owners Liability Policy.

AUG 1 - 1997

CHICAGO INSURANCE COMPANY
PSYCHOLOGIST PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
STATE OF ILLINOIS
OCCURRENCE PSYCHOLOGISTS PLAN

1. The rates shown on the rate pages apply per individual person insured under the policy. The base rates are shown on the rate pages entitled "All Other". The two other sets of rates incorporate the modifications that were agreed upon between CIC and the Department in our October 17, 1995 submission.
2. The following Increase Limit Factors will be applied for increases in limits from the 1,000,000/1,000,000 limits.

<u>Limits</u>	<u>Relativity Factor</u>
1,000,000/4,000,000	1.165
1,000,000/5,000,000	1.200
1,000,000/6,000,000	1.230

The following Increase Limit Factor will be applied for increases to the \$2,000,000/\$4,000,000 limit from \$1,000,000/\$3,000,000:

<u>Relativity Factor</u>
1.170

3. **Size of Firm Credit**
A credit will be applied to the total group premium for the ratable headcount as follows:

<u>Group Size</u>	<u>Premium Credit</u>
3 - 5	4%
6 - 10	6%
11 - 15	8%
16 - 19	10%
20 and above	15%

*Group Size means total number of ratable headcount (owners and employees) and does not include independent contractors or additional insureds.

4. **Loss Prevention/Risk Management Credit**
A 5% risk management premium credit will apply for attendance at an American Psychological Association-approved seminar for continuing education, of at least 4 hours in length, for an individual policyholder. A 15% risk management premium credit will apply for completion of continuing education seminars directed and presented specifically by the APAIT (American Psychological Association Insurance Trust). The 15% credit will apply for 2 annual consecutive policy periods. For a group policy, 50% of the insureds within the group must have attended a seminar for the applicable 5% or 15% credit to apply. The total

risk management credit may not exceed 15% in any one policy period. The credit will be a one- time basis (one seminar-one 5% or 15%). The credit is available up to a 15-month period following the attendance date.

5. Additional Insured

One additional insured premium applies to each entity for which additional insured status is requested. In the event a landlord is named as an additional insured under the premises liability, the standard rate for an additional insured will be waived.

6. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less will be dropped.

\$.50 or more will be rounded to the next whole dollar.

7. New Graduate Rate

The rate for a New Graduate Psychologist is 75% of the applicable Psychologist rate.

8. Part-Time Rate

The rate for a part-time professional (20 hours or less per week) is 65% of the full-time rates.

9. If a network is written, the applicable rates and rating rules herein will apply to the providers/contracting parties working on behalf of the network.

10. A charge will apply to all groups, partnerships or corporations if not all of the owners, partners, or officers are insured under the entity's policy or insured at all. The charge will be 10% of the premium that would apply as a CIC insured for those individuals not insured under the entity's policy or not insured at all.

11. An option is offered to purchase a limit of \$25,000 for reimbursement of costs incurred defending licensing board complaints at an additional charge of \$35, or a limit of \$50,000 at an additional charge of \$45.

12. If a 2 year student policy is purchased, the rate is 194 percent of annual rates.

13. If a 3 year student policy is purchased, the rate is 280 percent of the annual rates.

14. A 5% credit will be applied to the premium if the insured has also purchased a Business Owners Liability Policy.

AUG 1 - 1997

CHICAGO INS. CO.

December, 1991
(page five)

MED. MAL.

RESEARCHER/ACADEMIC/EDUCATOR
CLAIMS-MADE RATES
INDIVIDUALS ONLY

100/300

\$70

200/600

\$80

1 Mil/1 Mil

\$103

1 Mil/3 Mil

\$134

CHICAGO INSURANCE COMPANY

summed
8-4-97

CHICAGO INSURANCE COMPANY — MED. MAL.

PSYCHOLOGISTS PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
CLAIMS-MADE PSYCHOLOGISTS PLAN

1. The rates shown on the rate page apply per individual person insured under the policy.

If a psychiatrist is included in a group practice, the rate for the vicarious liability exposure will be 10% of the applicable owner or non-psychologist employee rate if the psychiatrist:

- a) provides proof of malpractice limits equal to or in excess of those being purchased by the psychologists' group, and
- b) specifically has the Named Insured listed as an Additional Insured entity on the psychiatrist's policy.

2. Claims-made Only

The applicable surcharge factor shown below shall be applied to the premium developed in 1 above (including IC's and AI's). For the purposes of applying this surcharge, round to the nearest year. If the prior claims-made coverage has been in effect for 6 months or less, the no prior acts coverage factor will apply. If the prior claims-made coverage has been in effect for longer than 6 months, but 18 months or less, the one-year prior acts surcharge will apply. If the prior claims-made coverage has been in effect for longer than 18 months but 30 months or less, the two-year prior acts surcharge will apply.

<u>Years Of Prior Acts</u>	<u>Surcharge Factor</u>
a. no prior acts coverage:	1.00
b. one year prior acts coverage:	1.70
c. two years prior acts coverage:	2.60
d. three years prior acts coverage:	3.29

3. Size of Firm Credit

A credit will be applied to the premium developed in 2. above for the ratable headcount (owners and employees) as follows:

<u>Group Size*</u>	<u>Premium Credit</u>
3-5	4%
6-10	6%
11-15	8%
16-20	10%
20 and above	15%

*Group size means total number of ratable headcount (owners and employees) and does not include independent contractors.

CHICAGO INS. CO. *Superseded*
8-1-97

4. Loss Prevention/Risk Management Credit

A credit of up to 25% based on attendance at an approved Risk Management Seminar will be applied to the premium developed in 1. above for the ratable headcount-owners and employees (does not include independent contractors and Additional Insureds).

5. In the event a landlord is named as an Additional Insured under the premises liability, the standard rate for an Additional Insured will be waived.

6. Claims Experience Modification Factor

A debit or credit of up to +25% will be applied to the Professional premium based on the individual loss experience of the submission. The criteria used in the application of the modification factor are:

1. number of claims;
2. severity of claims; and
3. type of claims

as a function of the number of professionals insured during the year.

7. Aggregate Limits

The following increase limits factor will be applied to the \$1,000,000/\$1,000,000 limits for the corresponding increased aggregate:

\$1,000,000/\$4,000,000 - 1.165
\$1,000,000/\$5,000,000 - 1.200
\$1,000,000/\$6,000,000 - 1.230

8. New Graduate Discount

A credit of 25% will be applied the psychologist-graduate - first year discount on one annual policy period. This will only be available for policies issued to individuals.

9. Additional Insureds

One Additional Insured premium applies to each entity for which additional insured status is requested.

10. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

- \$.49 or less shall be dropped;
- \$.50 or more shall be rounded to the next whole dollar.

11. The number of years that an insured served as a volunteer Board member for the American Psychological Association or any of the state psychological associations, as well as any of their kindred organizations, may be used towards credit in fulfilling the requirement of 5 years of continuous claims-made coverage with Chicago Insurance Company for a free ERP upon retirement (as described in the policy).

12. Extended Reporting Period Option

Charge for ERP:

- a. 90% of the full annual premium for this policy, to a period of twelve (12) months, or
- b. 135% of the full annual premium for this policy, to a period of twenty-four (24) months, or
- c. 150% of the full annual premium for this policy, to a period of thirty-six (36) months, or
- d. 175% of the full annual premium for this policy, to an unlimited period.

OCT 1994

CHICAGO INSURANCE COMPANY

PSYCHOLOGISTS CLAIMS-MADE PROFESSIONAL LIABILITY RATES

STATE OF ILLINOIS

<u>CATEGORY</u>	<u>RATES PER PERSON</u>			
	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
1. Insured, Partner Corporate Director Officer or Owner	167	194	252	283
2. Professional Employees				
A. Psychologists	167	194	252	283
B. Non-Psychologist Professionals	106	123	160	180
3. Independent Contractors	8	10	13	14
4. Additional Insureds	23	27	31	33

Part-time Practice Credit

A credit of 25% will be applied to the psychologist rate if the applicant is a psychologist practicing on a part-time basis 15 hours a week or less.

Prior Acts Surcharge Factors

These rates contemplate no prior acts coverage (prior claims-made coverage). See rating rule pages for application of prior acts surcharge factors.

PSYCHOLOGISTS CLAIMS-MADE RATES
STATE OF
Illinois
ALL OTHER

Rate Table 1 - 1st Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	222	194	189	184	178	169	130	112
2. Per Non Psychologist (does not include clerical employees)	142	124	121	118	113	108	83	71
3. Per Independent Contractor	11	9	9	9	8	8	6	5
4. Per Additional Insured	26	23	22	22	21	20	15	13

Rate Table 2 - 2nd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	507	444	432	421	406	386	297	256
2. Per Non Psychologist (does not include clerical employees)	324	284	277	269	258	247	190	164
3. Per Independent Contractor	24	21	20	20	18	18	14	12
4. Per Additional Insured	60	53	52	50	48	46	35	30

Rate Table 3 - 3rd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	758	664	646	629	608	577	444	382
2. Per Non Psychologist (does not include clerical employees)	484	424	413	402	386	369	284	244
3. Per Independent Contractor	35	31	30	29	27	27	21	18
4. Per Additional Insured	89	78	76	74	72	68	52	45

RATES CONTINUED

Rate Table 4 - 4th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	952	834	812	790	764	725	558	480
2. Per Non Psychologist (does not include clerical employees)	608	532	519	505	485	463	357	307
3. Per Independent Contractor	45	39	38	37	34	34	26	23
4. Per Additional Insured	113	99	96	94	90	86	66	57

Rate Table 5 - 5th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	1061	929	905	881	851	808	622	535
2. Per Non Psychologist (does not include clerical employees)	678	593	578	562	540	516	397	342
3. Per Independent Contractor	50	44	43	41	38	38	29	25
4. Per Additional Insured	126	110	108	105	100	96	74	64

Rate Table 6 - 6th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	1145	1003	977	950	918	872	671	577
2. Per Non Psychologist (does not include clerical employees)	731	641	624	607	583	557	429	369
3. Per Independent Contractor	54	47	46	45	41	41	32	27
4. Per Additional Insured	135	118	115	112	108	103	79	68

RATES CONTINUED

Rate Table 7 – 7th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	1208	1058	1030	1003	969	920	708	609
2. Per Non Psychologist (does not include clerical employees)	772	676	659	641	615	588	453	389
3. Per Independent Contractor	58	51	49	48	44	44	34	29
4. Per Additional Insured	143	125	122	119	114	109	84	72
Rate Table 8 – 8th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	1258	1102	1073	1044	1006	958	738	634
2. Per Non Psychologist (does not include clerical employees)	804	704	685	667	638	612	471	405
3. Per Independent Contractor	59	52	50	49	45	45	35	30
4. Per Additional Insured	148	130	127	123	119	113	87	75

CHICAGO INSURANCE COMPANY - MED. MAL.

PSYCHOLOGISTS PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
OCCURRENCE PSYCHOLOGISTS PLAN

1. The rates shown on the rate page apply per individual natural person insured under the policy.

~~PSYCHIATRIST/PSYCHIATRIC EDUCATION~~

If a psychiatrist is included in a group practice, the rate for the vicarious liability exposure will be 10% of the applicable owner or non-psychologist employee rate if the psychiatrist:

- a) provides proof of malpractice limits equal to or in excess of those being purchased by the psychologists' group, and
- b) specifically has the Named Insured listed as an Additional Insured entity on the psychiatrist's policy.
2. Size of Firm Credit

A credit will be applied to the premium developed in 1. above for the ratable headcount (owners and employees) as follows:

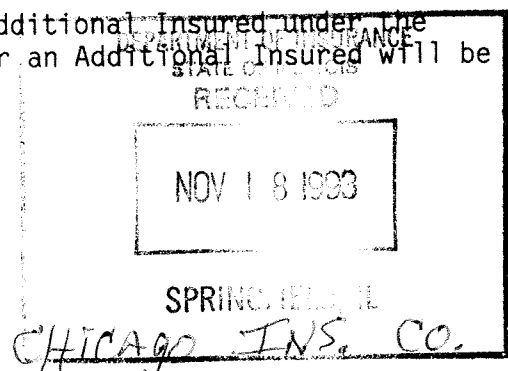
<u>Group Size*</u>	<u>Premium Credit</u>
3-5	4%
6-10	6%
11-15	8%
16-20	10%
20 and above	15%

*Group size means total number of ratable headcount (owners and employees) and does not include independent contractors.

3. Loss Prevention/Risk Management Credit

A credit of up to 25% based on the attendance at an approved Risk Management Seminar will be applied to the premium developed in 1. above for the ratable headcount - owners and employees (does not include independent contractors or Additional Insureds).

4. In the event a landlord is named as an Additional Insured under the premises liability, the standard rate for an Additional Insured will be waived.



CHICAGO INSURANCE COMPANY

5. Claims Experience Modification Factor

A debit or credit of up to +25% will be applied to the Professional premium based on the individual loss experience of the submission. The criteria used in the application of the modification factor are:

1. number of claims;
2. severity of claims; and
3. type of claims.

as a function of the number of professionals insured during the year.

6. Aggregate Limits

The following increase limits factor will be applied to the \$1,000,000/\$1,000,000 limits for the corresponding increased aggregate:

\$1,000,000/\$4,000,000 - 1.165

\$1,000,000/\$5,000,000 - 1.200

\$1,000,000/\$6,000,000 - 1.230

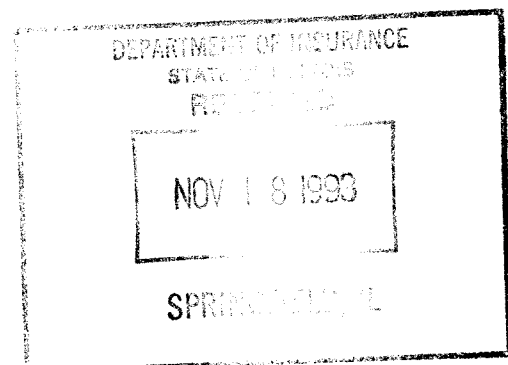
7. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

8. The number of years that an insured served as a volunteer Board member for the American Psychological Association or any of the state psychological associations, as well as any of their kindred organizations, may be used towards credit in fulfilling the requirement of 5 years of continuous claims-made coverage with Chicago Insurance Company for a free ERP upon retirement (as described in endorsements: PLE-2050 (Rev. 11/91) and PLE-2048 (Rev. 11/91)).



CHICAGO INSURANCE COMPANY

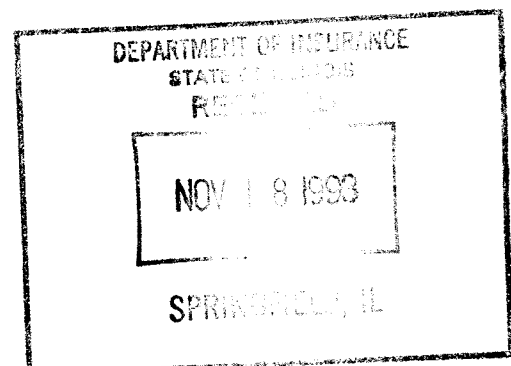
PSYCHOLOGISTS CLAIMS-MADE PROFESSIONAL LIABILITY RATES

FOR THE STATE OF ILLINOIS

CATEGORY	RATES PER PERSON			
	200 CSL	500 CSL	1M CSL	1M/3M
1. Insured, Partner Corporate Director Officer or Owner	167	194	252	283
2. Professional Employees				
A. Psychologists	167	194	252	283
B. Non-Psychologist Professionals	106	123	160	180
3. Independent Contractors	8	10	13	14
4. Additional Insureds				
1st Additional Insured	31	36	41	44
Each Additional Insured Thereafter	8	9	10	11

Part-time Practice Credit

A credit of 25% will be applied to the psychologist rate if the applicant is a psychologist practicing on a part-time basis 15 hours a week or less.



CHICAGO INSURANCE COMPANY

PSYCHOLOGISTS PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
CLAIMS-MADE PSYCHOLOGISTS PLAN

1. The rates shown on the rate page apply per individual natural person insured under the policy.

If a psychiatrist is included in a group practice, the rate for the vicarious liability exposure will be 10% of the applicable owner or non-psychologist employee rate if the psychiatrist:

- a) provides proof of malpractice limits equal to or in excess of those being purchased by the psychologists' group, and
- b) specifically has the Named Insured listed as an Additional Insured entity on the psychiatrist's policy.

2. Claims-made Only

The applicable surcharge factor shown below shall be applied to the premium developed in 1 above (including IC's and AI's). For the purposes of applying this surcharge, round to the nearest year. If the prior claims-made coverage has been in effect for 6 months or less, the no prior acts coverage factor will apply. If the prior claims-made coverage has been in effect for longer than 6 months, but 18 months or less, the one-year prior acts surcharge will apply. If the prior claims-made coverage has been in effect for longer than 18 months but 30 months or less, the two-year prior acts surcharge will apply.

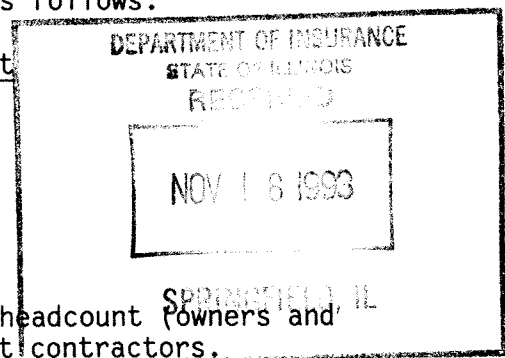
<u>Years Of Prior Acts</u>	<u>Surcharge Factor</u>
a. no prior acts coverage:	1.00
b. one year prior acts coverage:	1.70
c. two years prior acts coverage:	2.60

3. Size of Firm Credit

A credit will be applied to the premium developed in 2. above for the ratable headcount (owners and employees) as follows:

<u>Group Size*</u>	<u>Premium Credit</u>
3-5	4%
6-10	6%
11-15	8%
16-20	10%
20 and above	15%

*Group size means total number of ratable headcount (owners and employees) and does not include independent contractors.



CHICAGO INSURANCE COMPANY

4. Loss Prevention/Risk Management Credit

A credit of up to 25% based on attendance at an approved Risk Management Seminar will be applied to the premium developed in 1. above for the ratable headcount-owners and employees (does not include independent contractors and Additional Insureds).

5. In the event a landlord is named as an Additional Insured under the premises liability, the standard rate for an Additional Insured will be waived.

6. Claims Experience Modification Factor

A debit or credit of up to +25% will be applied to the Professional premium based on the individual loss experience of the submission. The criteria used in the application of the modification factor are:

1. number of claims;
2. severity of claims; and
3. type of claims

as a function of the number of professionals insured during the year.

7. Aggregate Limits

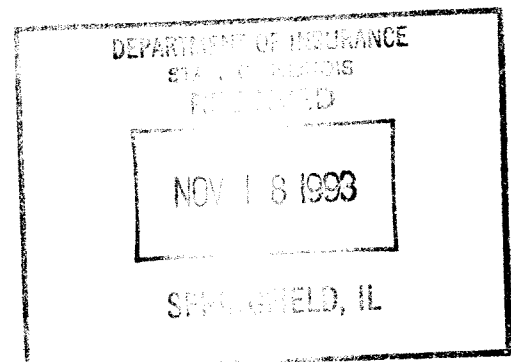
The following increase limits factor will be applied to the \$1,000,000/\$1,000,000 limits for the corresponding increased aggregate:

\$1,000,000/\$4,000,000 - 1.165
\$1,000,000/\$5,000,000 - 1.200
\$1,000,000/\$6,000,000 - 1.230

8. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

- \$.49 or less shall be dropped;
- \$.50 or more shall be rounded to the next whole dollar.



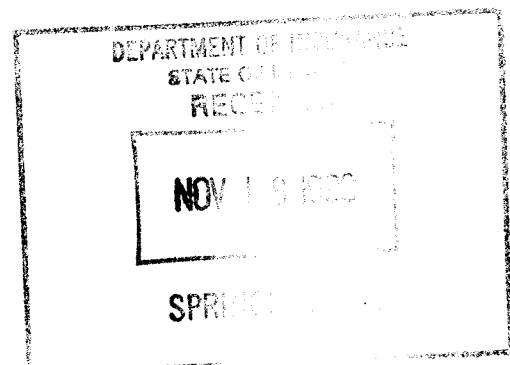
CHICAGO INSURANCE COMPANY

9. Extended Reporting Period Option

Charge for ERP:

- a. 90% of the full annual premium for this policy, to a period of twelve (12) months, or
- b. 135% of the full annual premium for this policy, to a period of twenty-four (24) months, or
- c. 150% of the full annual premium for this policy, to a period of thirty-six (36) months, or
- d. 175% of the full annual premium for this policy, to an unlimited period.

10. --The number of years that an insured served as a volunteer Board member for the American Psychological Association or any of the state psychological associations, as well as any of their kindred organizations, may be used towards credit in fulfilling the requirement of 5 years of continuous claims-made coverage with Chicago Insurance Company for a free ERP upon retirement (as described in the policy).



CHICAGO INSURANCE COMPANY
RESEARCHER/ACADEMIC/EDUCATOR
CLAIMS-MADE RATES
INDIVIDUALS ONLY

200/200

\$70

500/500

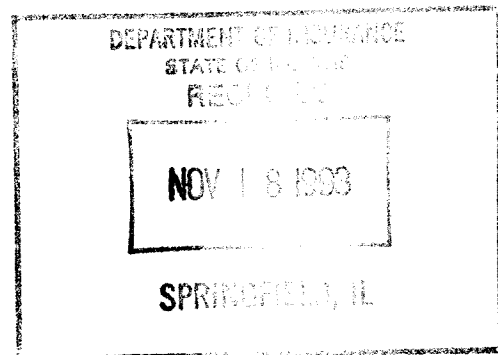
\$80

1 Mil/1 Mil

\$103

1 Mil/3 Mil

\$134



CHICAGO INSURANCE COMPANY

PSYCHOLOGISTS PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
EDUCATOR/RESEARCHER/ACADEMIC PSYCHOLOGISTS PLAN

1. The rates shown on the rate page apply per individual natural person insured under the policy.

If a psychiatrist is included in a group practice, the rate for the vicarious liability exposure will be 10% of the applicable owner or non-psychologist employee rate if the psychiatrist:

- a) provides proof of malpractice limits equal to or in excess of those being purchased by the psychologists' group, and
- b) specifically has the Named Insured listed as an Additional Insured entity on the psychiatrist's policy.

2. Size of Firm Credit

A credit will be applied to the premium developed in 1. above for the ratable headcount (owners and employees) as follows:

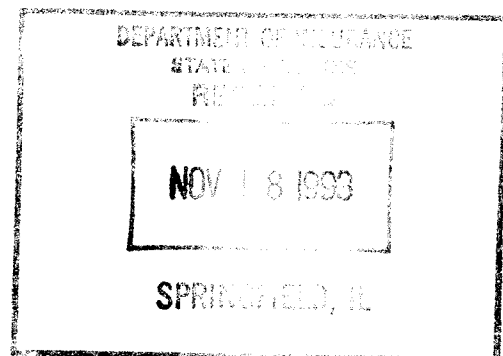
<u>Group Size*</u>	<u>Premium Credit</u>
3-5	4%
6-10	6%
11-15	8%
16-20	10%
20 and above	15%

*Group size means total number of ratable headcount (owners and employees) and does not include independent contractors.

3. Loss Prevention/Risk Management Credit

A credit of up to 25% based on attendance at an approved Risk Management Seminar will be applied to the premium developed in 1. above for the ratable headcount - owners and employees (does not include independent contractors or Additional Insureds).

4. In the event a landlord is named as an Additional Insured under the premises liability, the standard rate for an Additional Insured will be waived.



5. Claims Experience Modification Factor

A debit or credit of up to +25% will be applied to the Professional premium based on the individual loss experience of the submission. The criteria used in the application of the modification factor are:

1. number of claims;
2. severity of claims; and
3. type of claims

as a function of the number of professionals insured during the year.

6. Aggregate Limits

The following increase limits factor will be applied to the \$1,000,000/\$1,000,000 limits for the corresponding increased aggregate:

\$1,000,000/\$4,000,000 - 1.165
\$1,000,000/\$5,000,000 - 1.200
\$1,000,000/\$6,000,000 - 1.230

7. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

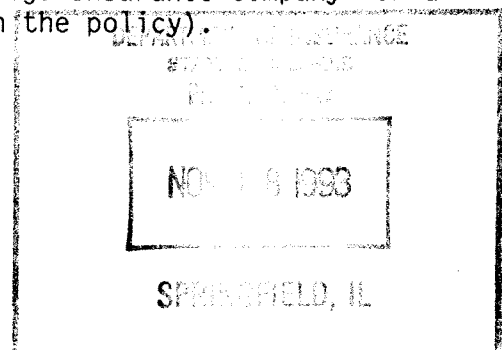
- \$.49 or less shall be dropped;
- \$.50 or more shall be rounded to the next whole dollar.

8. Extended Reporting Period Option

Charge for ERP:

- a. 90% of the full annual premium for this policy, to a period of twelve (12) months, or
- b. 135% of the full annual premium for this policy, to a period of twenty-four (24) months, or
- c. 150% of the full annual premium for this policy, to a period of thirty-six (36) months, or
- d. 175% of the full annual premium for this policy, to an unlimited period.

9. The number of years that an insured served as a volunteer Board member for the American Psychological Association or any of the state psychological associations, as well as any of their kindred organizations, may be used towards credit in fulfilling the requirement of 5 years of continuous claims-made coverage with Chicago Insurance Company for a free ERP upon retirement (as described in the policy).



Rating

Based on the attached actuarial data and two years' Program experience, effective 10/1/93:

Step-factor 3 for the Standard Psychologist plan is being filed at 2.60. Attached are the revised Claims-made Step Factors based on CIC's Original Selected Factors multiplied by Tillinghast's Claims-made to Occurrence Relativity of .757. (There are no applicable step-factors for the Research/Academic Psychologist plan.)

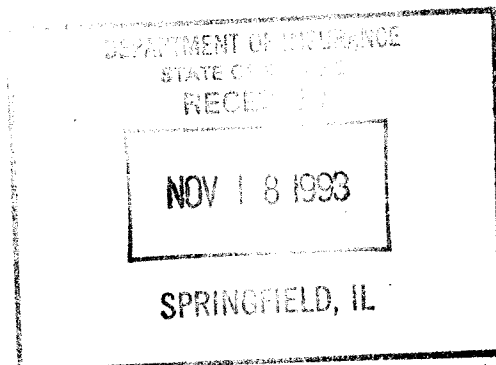
The Rating Rule Pages for Standard Psychologists Plan (both 80P and 45P) and Research/Academic Psychologists are amended to include:

- A 90% discounted vicarious liability rate for a psychiatrist as an owner or employee based on stipulations in underwriting guidelines:
 - ° MD listed as owner/employee must carry other malpractice insurance at same limits as those on policy to which MD is being added;
 - ° MD must agree to list Named Insured on Psychologist policy as an Additional Insured on other individual malpractice policy.
- Size of firm credit

A size of firm credit has been negotiated directly with the association and will be effective 10/1/93.

Based on the current number of groups and number of insureds in the groups, the effective rate change was (0.64)% and (0.73)% for Claims Made and Occurrence respectively. However, this does not take into account the number of individuals who could change to group coverage. A (2)% effective rate change is estimated. Loss Experience based upon size of firm will be captured on a go forward basis, and the credit schedule will be adjusted appropriately based upon actual experience.

The overall impact of the new Rating Rules (MD vicarious liability and size of firm) is estimated to be (2.1)%.



**ALLIED HEALTH PURCHASING GROUP ASSOCIATION
PROPOSED RATES**

ILLINOIS

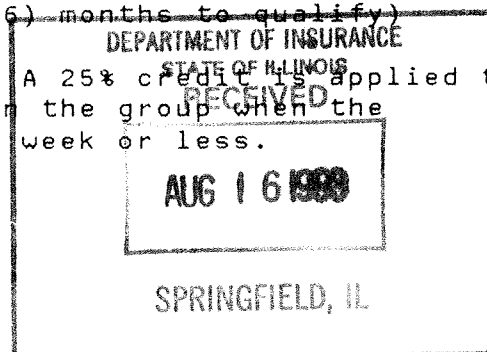
Occurrence Coverage - Annual Rates
SELF-EMPLOYED AND GROUP POLICY

	Limits Each Incident/Aggregate			
	<u>1M/3M</u>	<u>1M/1M</u>	<u>500K/500K</u>	<u>200K/200K</u>
Per Partner, Director, Owner, Officer and Self-employed IC				
. Counselors	\$490	\$455	\$348	\$320
. Other Professionals	490	455	348	320
. Psychologists	1299	1155	890	766
Per Counselor Employee	490	455	348	320
Per Psychologist Employee	1299	1155	890	766
All Other Employees *	76	70	66	56
Per Independent Contractor (For Group Coverage Only)	34	30	23	20
First Additional Insured (For Self-Employed and Groups Only)	103	97	85	73
Per Subsequent Additional Insured (For Self-Employed and Groups Only)	26	24	21	19
OPTIONAL GENERAL LIABILITY	120/48	120/48	105/42	89/36
(Rate Applies Per Location/Each Additional Location)				

* Does not include Clerical (no Charge)

Rate Modification Factor(s) - Applied To The Above

- Attendance at the ACA Risk Management Workshop - 10% Credit
(At least 50% of the Applicant's Professional Staff must have
attended within the previous sixteen (16) months to qualify)
- For Groups only - 25% Part-Time Credit: A 25% credit is applied to
each individual Professional Rate within the group when the
individual works fifteen (15) hours per week or less.



CHICAGO INSURANCE COMPANY — MED. MAL
PSYCHOLOGIST PURCHASING GROUP ASSOCIATION
RATING GUIDELINES

STATE OF ILLINOIS

OCCURRENCE PSYCHOLOGISTS PLAN

1. **Aggregate Limits**

The following Increase Limit Factors will be applied for increases in limits from the 1,000,000/1,000,000 limits.

<u>Limits</u>	<u>Relativity Factor</u>
1,000,000/4,000,000	1.165
1,000,000/5,000,000	1.200
1,000,000/6,000,000	1.230

The following Increase Limit Factor will be applied for increases to the \$2,000,000/\$4,000,000 limit from \$1,000,000/\$3,000,000:

<u>Relativity Factor</u>
1.170

2. **Size of Firm Credit**

A credit will be applied to the total group premium for the ratable headcount as follows:

<u>Group Size</u>	<u>Premium Credit</u>
3 - 5	4%
6 - 10	6%
11 - 15	8%
16 - 19	10%
20 and above	15%

*Group Size means total number of ratable headcount (owners and employees) and does not include independent contractors or additional insureds.

3. **Loss Prevention/Risk Management Credit**

A 5% risk management premium credit will apply for attendance at an American Psychological Association-approved seminar for continuing education, of at least 4 hours in length, for an individual policyholder. A 15% risk management premium credit will apply for

*superceded
10-1-98*

attendance at the 8 hour seminar directed and presented specifically by the APAIT (American Psychological Association Insurance Trust). For a group policy, 50% of the insureds within the group must have attended a seminar for the applicable 5% or 15% credit to apply. The credit will be a one-time basis (one seminar-one 5% or 15% credit-one annual policy period). The credit is available up to a 15-month period following the attendance date.

4. Additional Insured

One additional insured premium applies to each entity for which additional insured status is requested. In the event a landlord is named as an additional insured under the premises liability, the standard rate for an additional insured will be waived.

5. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less will be dropped.

\$.50 or more will be rounded to the next whole dollar.

6. New Graduate Rate

The rate for a New Graduate Psychologist is 75% of the applicable Psychologist rate.

7. Part-Time Rate

The rate for a part-time psychologist (20 hours or less per week) is 65% of the full-time rates.

8. If a network is written, the applicable rates and rating rules herein will apply to the providers/contracting parties working on behalf of the network.

9. A charge will apply to all groups, partnerships or corporations if not all of the owners, partners, or officers are insured under the entity's policy or insured at all. The charge will be 10% of the premium that would apply as a CIC insured for those individuals not insured under the entity's policy or not insured at all.

10. We are offering an option to purchase a limit of \$25,000 for reimbursement of costs incurred defending licensing board complaints at an additional charge of \$35, or a limit of \$50,000 at an additional charge of \$45.

CHICAGO INSURANCE COMPANY —

MED. MAL.

PSYCHOLOGISTS PURCHASING GROUP ASSOCIATION
 RATING GUIDELINES
 OCCURRENCE PSYCHOLOGISTS PLAN

1. The rates shown on the rate page apply per individual person insured under the policy.

If a psychiatrist is included in a group practice, the rate for the vicarious liability exposure will be 10% of the applicable owner or non-psychologist employee rate if the psychiatrist:

- a) provides proof of malpractice limits equal to or in excess of those being purchased by the psychologists' group, and
- b) specifically has the Named Insured listed as an Additional Insured entity on the psychiatrist's policy.

2. Size of Firm Credit

A credit will be applied to the premium developed in 1. above for the ratable headcount (owners and employees) as follows:

<u>Group Size*</u>	<u>Premium Credit</u>
3-5	4%
6-10	6%
11-15	8%
16-20	10%
20 and above	15%

*Group size means total number of ratable headcount (owners and employees) and does not include independent contractors.

3. Loss Prevention/Risk Management Credit

A credit of up to 25% based on the attendance at an approved Risk Management Seminar will be applied to the premium developed in 1. above for the ratable headcount - owners and employees (does not include independent contractors or Additional Insureds).

4. In the event a landlord is named as an Additional Insured under the premises liability, the standard rate for an Additional Insured will be waived.

CHICAGO INS. CO.
 Approved
 10-1-98

5. Claims Experience Modification Factor

A debit or credit of up to +25% will be applied to the Professional premium based on the individual loss experience of the submission. The criteria used in the application of the modification factor are:

1. number of claims;
2. severity of claims; and
3. type of claims

as a function of the number of professionals insured during the year.

6. Aggregate Limits

The following increase limits factor will be applied to the \$1,000,000/\$1,000,000 limits for the corresponding increased aggregate:

\$1,000,000/\$4,000,000	- 1.165
\$1,000,000/\$5,000,000	- 1.200
\$1,000,000/\$6,000,000	- 1.230

7. New Graduate Discount

A credit of 25% will be applied the psychologist-graduate - first year discount on one annual policy period. This will only be available for policies issued to individuals.

8. Additional Insureds

One Additional Insured premium applies to each entity for which additional insured status is requested.

9. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

- \$.49 or less shall be dropped;
- \$.50 or more shall be rounded to the next whole dollar.

10. The number of years that an insured served as a volunteer Board member for the American Psychological Association or any of the state psychological associations, as well as any of their kindred organizations, may be used towards credit in fulfilling the requirement of 5 years of continuous claims-made coverage with Chicago Insurance Company for a free ERP upon retirement (as described in endorsements: PLE-2050 (Rev. 11/91) and PLE-2048 (Rev. 11/91)).

CHICAGO INSURANCE COMPANY — MED. MAL.

PSYCHOLOGISTS PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
EDUCATOR/RESEARCHER/ACADEMIC PSYCHOLOGISTS PLAN

1. The rates shown on the rate page apply per individual person insured under the policy.

If a psychiatrist is included in a group practice, the rate for the vicarious liability exposure will be 10% of the applicable owner or non-psychologist employee rate if the psychiatrist:

- a) provides proof of malpractice limits equal to or in excess of those being purchased by the psychologists' group, and
- b) specifically has the Named Insured listed as an Additional Insured entity on the psychiatrist's policy.

2. Size of Firm Credit

A credit will be applied to the premium developed in 1. above for the ratable headcount (owners and employees) as follows:

<u>Group Size*</u>	<u>Premium Credit</u>
3-5	4%
6-10	6%
11-15	8%
16-20	10%
20 and above	15%

*Group size means total number of ratable headcount (owners and employees) and does not include independent contractors.

3. Loss Prevention/Risk Management Credit

A credit of up to 25% based on attendance at an approved Risk Management Seminar will be applied to the premium developed in 1. above for the ratable headcount - owners and employees (does not include independent contractors or Additional Insureds).

4. In the event a landlord is named as an Additional Insured under the premises liability, the standard rate for an Additional Insured will be waived.

CHICAGO INS. CO.
Superseded
8-1-97

5. Claims Experience Modification Factor

A debit or credit of up to +25% will be applied to the Professional premium based on the individual loss experience of the submission. The criteria used in the application of the modification factor are:

1. number of claims;
2. severity of claims; and
3. type of claims

as a function of the number of professionals insured during the year.

6. Aggregate Limits

The following increase limits factor will be applied to the \$1,000,000/\$1,000,000 limits for the corresponding increased aggregate:

\$1,000,000/\$4,000,000	- 1.165
\$1,000,000/\$5,000,000	- 1.200
\$1,000,000/\$6,000,000	- 1.230

7. New Graduate Discount

A credit of 25% will be applied the psychologist-graduate - first year discount on one annual policy period. This will only be available for policies issued to individuals.

8. Additional Insureds

One Additional Insured premium applies to each entity for which additional insured status is requested.

9. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

- \$.49 or less shall be dropped;
- \$.50 or more shall be rounded to the next whole dollar.

10. The number of years that an insured served as a volunteer Board member for the American Psychological Association or any of the state psychological associations, as well as any of their kindred organizations, may be used towards credit in fulfilling the requirement of 5 years of continuous claims-made coverage with Chicago Insurance Company for a free ERP upon retirement (as described in endorsements: PLE-2050 (Rev. 11/91) and PLE-2048 (Rev. 11/91)).

11. Extended Reporting Period Option

Charge for ERP:

- a. 90% of the full annual premium for this policy, to a period of twelve (12) months, or
- b. 135% of the full annual premium for this policy, to a period of twenty-four (24) months, or
- c. 150% of the full annual premium for this policy, to a period of thirty-six (36) months, or
- d. 175% of the full annual premium for this policy, to an unlimited period.

CHICAGO INSURANCE COMPANY — MED. MAL.

PSYCHOLOGIST PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
RESEARCH/ACADEMIC PSYCHOLOGIST PLAN

1. The rates shown on the Rate Pages for this plan apply per individual person insured under the policy.
2. **Loss Prevention/Risk Management Credit**
A 5% risk management premium credit will apply for attendance at an American Psychological Association-approved seminar for continuing education, of at least 4 hours in length, for an individual policyholder. A 15% risk management premium credit will apply for attendance at the 8 hour seminar directed and presented specifically by the APAIT (American Psychological Association Insurance Trust). For a group policy, 50% of the insureds within the group must have attended a seminar for the applicable 5% or 15% credit to apply. In no case will the total risk management credit exceed 15%. The credit will be a one-time basis (one seminar-one 5% or 15% credit-one annual policy period). The credit is available up to a 15-month period following the attendance date.
3. **Rounding Rule**
Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less will be dropped.
\$.50 or more will be rounded to the next whole dollar.
4. The Number of years that an insured served as a volunteer Board member for the American Psychological Association or any of the state psychological associations, as well as any of their kindred organizations, may be used towards credit in fulfilling the requirement of 5 years of continuous claims-made coverage with Chicago Insurance Company for a free ERP upon retirement (as described in the policy).

CHICAGO INS. CO.
Superseded
8-1-97
REAR 1-1-96

5. **Extended Reporting Period Option**

Charge for ERP:

- a. 90 % of the full annual premium for this policy, to a period of 12 months, or
- b. 135% of the full annual premium for this policy, to a period of 24 months, or
- c. 150% of the full annual premium for this policy, to a period of 36 months, or
- d. 175% of the full annual premium for this policy, to an unlimited period.

6. **New Business Discount**

A credit of 10% will apply to an individual rate for a psychologist owner, partner and/or officer who is currently insured with another carrier and has had no losses reported over the past six (6) months.

7. **Part-Time Rate**

The rate for a part-time psychologist (20 Hours or less per week) is 65% of the full-time rates shown on the rate sheets.

8. We are offering an option to purchase a limit of \$25,000 for reimbursement of costs incurred defending licensing board complaints at an additional charge of \$35, or a limit of \$50,000 for an additional charge of \$45.

OCT 1994

CHICAGO INSURANCE COMPANY — MED. MAL.

PSYCHOLOGISTS OCCURRENCE PROFESSIONAL LIABILITY RATES

STATE OF ILLINOIS

CATEGORY	RATES PER PERSON			
	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
1. Insured, Partner Corporate Director Officer or Owner	843	979	1271	1429
2. Professional Employees				
A. Psychologists	843	979	1271	1429
B. Non-Psychologist Professionals	365	425	552	622
3. Independent Contractors	29	34	44	49
4. Additional Insureds	80	93	107	114

PSYCHOLOGISTS OCCURRENCE GENERAL LIABILITY AND
NON-OWNED AUTO LIABILITY RATES

	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
GENERAL LIABILITY:				
First Location	89	105	118	120
Each Additional Location	36	42	47	48
NON-OWNED AUTO LIABILITY:				
1-10 Employees	62	72	83	83
Each Employee over 10	6	7	8	8

Part-time Practice Credit

A credit of 25% will be applied to the psychologist rate if the applicant is a psychologist practicing on a part-time basis 15 hours a week or less.

CHICAGO INS. CO.
Supplied
10-1-94

December, 1991
(page two)

INDIVIDUAL STUDENT OCCURRENCE RATES

200/200

\$17

500/500

\$19

1 Mil/1 Mil

\$23

1 Mil/3 Mil

\$35

CHICAGO INSURANCE COMPANY

901 1004

CHICAGO INSURANCE COMPANY

MED. MAL.

PSYCHOLOGISTS OCCURRENCE PROFESSIONAL LIABILITY RATES

STATE OF ILLINOIS

CATEGORY	RATES PER PERSON			
	200 CSL	500 CSL	1M CSL	1M/3M
1. Insured, Partner Corporate Director Officer or Owner	766	890	1155	1299
2. Professional Employees				
A. Psychologists	766	890	1155	1299
B. Non-Psychologist Professionals	332	386	502	565
3. Independent Contractors	26	31	40	45
4. Additional Insureds				
1st Additional Insured	97	113	130	138
Each Additional Insured Thereafter	24	29	33	34

**PSYCHOLOGISTS OCCURRENCE GENERAL LIABILITY AND
NON-OWNED AUTO LIABILITY RATES**

	200 CSL	500 CSL	1M CSL	1M/3M
GENERAL LIABILITY:				
First Location	89	105	120	120
Each Additional Location	36	42	48	48
NON-OWNED AUTO LIABILITY:				
1-10 Employees	62	72	83	83
Each Employee over 10	6	7	8	8

Part-time Practice Credit

A credit of 25% will be applied to the psychologist rate if the applicant is a psychologist practicing on a part-time basis 15 hours a week or less.

CHICAGO INS. CO.

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
RECEIVED

NOV 18 1993

SPRINGFIELD, IL

Supervised 10-1-94

CHICAGO INSURANCE COMPANY

CHICAGO INSURANCE COMPANY

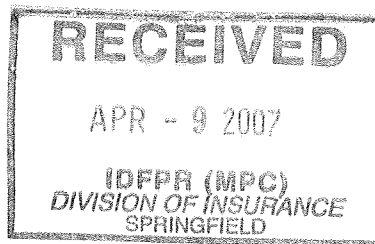
INDIVIDUAL STUDENT OCCURRENCE RATES

<u>200/200</u>	<u>500/500</u>	<u>1 Mil/1 Mil</u>	<u>1 Mil/3 Mil</u>
\$17	\$19	\$23	\$35

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
RECEIVED

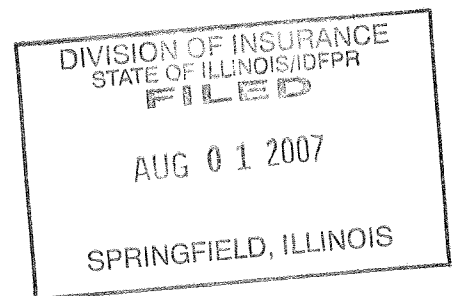
NOV 18 1990

SPRINGFIELD



April 6, 2007

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Financial and Professional Regulation
Division of Insurance
320 West Washington Street
Springfield, Illinois 62767



Attention: Mr. John Gatlin
Supervisor, Property and Casualty Compliance Unit

RE: Chicago Insurance Company - NAIC #: 0761-22810 - FEIN #: 36-6042949 ✓
Miscellaneous Therapists Professional Liability - Rate Filing
Allied Health Purchasing Group Association
Company Filing Number: CGIL MT IL 08 07 RA
Effective Date: August 1, 2007

Dear Mr. Gatlin,

Chicago Insurance Company submits for your review and approval revised rates designed for use with our Miscellaneous Therapists Professional Liability program for our Allied Health Purchasing Group Association.

The changes include:

- 20.0% base rate increase for all Optometrists.
- 5.0% base rate increase for all Employed Occupational Therapists.
- 19.0% base rate increase for all Self-Employed Occupational Therapists.
- Elimination of the group size credit currently offered to Self-Employed Occupational Therapists. We estimate the impact from this change to be +1.4% to the total Occupational Therapists group (+1.9% to the Self-Employed Occupational Therapists).
- 10.0% base rate increase for all Respiratory Therapists.
- Reduction of the part-time Respiratory Therapists credit. We estimate the impact from this change to be +5.8% to the overall Respiratory Therapists book of business.
- 10.0% base rate increase for all Medical Technologists.

The overall rate effect of these changes is an increase of +17.5% countrywide compared to our overall indicated rate increase of 39.9%. The overall Illinois rate change is +17.3%.

**Fireman's Fund
Insurance Companies**
A member of the
Allianz Group

Fireman's Fund Insurance Company
33 West Monroe Street
Suite 1200
Chicago, IL 60603-5316

LO
MEM
RAT
gfn
Jeh

Page 2
April 6, 2007
Mr. John Gatlin

In support of this revision you will find our actuarial memorandum and exhibits, the required state specific forms, and our revised rate pages.

We request the filing be approved for all policies effective on or after August 1, 2007.

If there are any questions regarding the submission, please do not hesitate to contact me at 312-456-5146 or dsowell@ffic.com.

Respectfully,



Diane Sowell
Regulatory Affairs Lead

STATE OF ILLINOIS



Department of Financial and Professional Regulation Division of Insurance

IN THE MATTER OF
THE MEDICAL MALPRACTICE
RATE INCREASE OF:

HEARING NO. 07-HR-0642

CHICAGO INSURANCE COMPANY
33 WEST MONROE STREET
CHICAGO, ILLINOIS 60603
RATE FILING #CGIL MT IL 0807 RA

ORDER

I, Michael T. McRaith, Director of the Illinois Department of Financial and Professional Regulation, Division of Insurance hereby certify that I have read the entire Record in this matter and the hereto attached Findings of Fact, Conclusions of Law and Recommendations of the Hearing Officer, Timothy M. Cena, appointed and designated pursuant to Section 402 of the Illinois Insurance Code (215 ILCS 5/402) to conduct a Hearing in the above-captioned matter. I have carefully considered and reviewed the entire Record of the Hearing and the Findings of Fact, Conclusions of Law and Recommendations of the Hearing Officer, attached hereto and made a part hereof.

I, Michael T. McRaith, being duly advised in the premises, do hereby adopt the Findings of Fact, Conclusions of Law and Recommendations of the Hearing Officer as my own, and based upon said Findings, Conclusions and Recommendations enter the following Order under the authority granted to me by Sections 155.18, 401, 402 and 403 of the Illinois Insurance Code (215 ILCS 5/155.18, 5/401, 5/402 and 5/403 and Article X of the Illinois Administrative Procedure Act (5 ILCS 100/10-5 et. seq.).

This Order is a Final Administrative Decision pursuant to the Illinois Administrative Procedure Act (5 ILCS 100/1 et. seq.). This Order is appealable pursuant to the Illinois Administrative Review Law (735 ILCS 3/101- et. seq.).

NOW IT IS THEREFORE ORDERED THAT:

- 1) Chicago Insurance Company Filing # CGIL MT IL 0807 RA is approved;
- 2) Chicago Insurance Company shall pay as costs of this proceeding, within 35 days of the date of this Order, the sum of \$108.75, directly to the Illinois Division of Insurance, Tax and Fiscal Service Unit, 320 W. Washington, 4th Floor, Springfield, Illinois 62767.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of the
State of Illinois;

DIVISION OF INSURANCE

Date: September 25, 2007


Michael T. McRaith
Director

STATE OF ILLINOIS



Department of Financial and Professional Regulation Division of Insurance

IN THE MATTER OF THE MEDICAL
MALPRACTICE RATE INCREASE OF:

HEARING NO. 07-HR-0642

CHICAGO INSURANCE COMPANY
33 WEST MONROE STREET
CHICAGO, ILLINOIS 60603
RATE FILING #CGIL MT IL 0807 RA

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATIONS OF THE HEARING OFFICER

Now comes Timothy M. Cena, Hearing Officer in the above captioned matter and hereby offers his Findings of Fact, Conclusions of Law and Recommendations to the Director of Insurance.

FINDINGS OF FACT

- 1) On April 9, 2007, Chicago Insurance Company (the Company) filed with the Illinois Division of Insurance (the Division) a Miscellaneous Therapists Professional Liability Rate Filing # CGIL MT IL 0807 RA (the Filing) (see Division Exhibit # 1).
- 2) On July 12, 2007, the Illinois Director of Insurance, Michael T. McRaith (the Director) issued a Notice of Hearing requiring the Company to participate in an Administrative Hearing regarding the Filing (Hearing Officer Exhibit # 2).
- 3) On July 12, 2007, the Director appointed Timothy M. Cena as Hearing Officer in this matter (Hearing Officer Exhibit # 1).

- 4) Kirk H. Petersen filed an Entry of Appearance in this matter on behalf of the Company (Hearing Officer Exhibit # 3).
- 5) Joseph T. Clennon appeared in this matter on behalf of the Division (T.5).
- 6) The Hearing in this matter was convened on August 22, 2007 at 1:00 PM at the Division's Offices in Springfield, Illinois at which time were present Timothy M. Cena, Hearing Officer; Joseph T. Clennon, on behalf of the Division; Kirk H. Petersen, on behalf of the Company; Jayme Stubitz, Patricia Houlihan, Katelin Pelrakovitz; and Diane H. Sowell, all with Chicago Insurance Company; Heather Libby and Michelle Smith, both with American Insurance Company; and Judy Pool Boutchee, John Gatlin and Gayle Neuman, all employees of the Division (T.5-6).
- 7) The purpose of this Hearing is to receive information from the Company and/or the general public or other interested parties in order to determine whether the Filing is in compliance with Section 5/155.18 of the Illinois Insurance Code (215 ILCS 5/155.18). This Filing seeks an overall Illinois premium increase for insureds covered under the Filing of 17.3%. The Director is required to conduct a Hearing for all Filings that contain a rate filing greater than 6%.
- 8) Prior to the start of the Hearing the Division performed an extensive review of the proposed Filing. This review determined that the Filing was complete and contained all required documentation, transmittal forms and certifications. The review included an examination of the Rules Section of the Company's Rate Manual.

In addition to reviewing the Filing itself, correspondence was exchanged between the Division and the Company in order to clarify certain aspects of the Filing. Additional information and submissions were made by the Company at the Division's request.

The Division performed an analysis of the actuarial indications in the Filing, as well as, supporting documentation in order to determine whether the proposed rates were excessive, inadequate, or unfairly discriminatory and to determine if the rate filing is justified in accordance with actuarial standards and methodologies. Consideration was given to rate making methodologies, ultimate loss and allocated loss adjustment expense selection, loss development triangles, profit loads and permissible loss ratios.

The Company provided to the Division all information requested subsequent to the additional Filing. After considering the Filing and the information filed subsequently, the Division indicated that it had no objection to the Filing pending review of the Company's answers to questions posed by the Division at the Hearing.

- 9) The Division offered for submission into this Record the Company's Filing # CGIL MT IL 0807 RA. Hearing no objection, the Hearing Officer accepted the Filing and entered it into the Record as Division Exhibit # 1.
- 10) The Filing requests approval for increased rates designed to be used with its Miscellaneous Therapists Professional Liability Program and includes:
- a) a 20% base rate increase for all Optometrists;
 - b) a 5% base rate increase for all Employed Occupational Therapists;
 - c) a 19% base rate increase for all Self-employed Occupational Therapists;
 - d) the elimination of the group size credit currently offered to Self-employed Occupational Therapists;
 - e) a 10% base rate increase for all Respiratory Therapists;
 - f) a reduction of the part-time Respiratory Therapists credit; and
 - g) a 10% base rate increase for all Medical Technologists.

The overall rate effect of these changes is an countrywide rate increase of 17.5%, and an Illinois rate increase of 17.3%. The Company's overall indicated rate increase is 39.9%.

- 11) Jayme Stubitz, the Pricing Director for Medical Related Professional Liability Business for the Company, provided testimony in this matter as follows:
- a) He is familiar with the Filing at issue in this matter having executed, as a duly authorized Company actuary, the Illinois Certification for Medical Malpractice Rates required by statute;
 - b) He has discussed this Filing with Division employees and to his knowledge there are no issues in dispute in this matter. There are approximately 2,300 policyholders in Illinois that will be affected by this proposed rate increase. His actuarial opinion is that the proposed increases are moderate and are justified based on the Company's actuarial data. The Company's indicated need is 39%, the overall proposed increase in Illinois is 17.3%.
- 12) Mr. Stubitz responded to questions from the Division as follows:

- a) For medical technologists the proposed rate increase will increase the policyholders yearly premiums from \$10-\$50;
 - b) For occupational therapists the yearly premium increase will be from \$20-\$30 per year;
 - c) For optometrists the yearly premium increase will be from \$30-\$80 in certain geographical areas and up to \$220.00 in other areas;
 - d) All of the trends examined by the Company in making its determinations were country-wide. There is not enough specific Illinois only data to discern an Illinois trend;
 - e) The Company would consider lower rates for policyholders that live in states that have in place statutory caps on non-economic damages. However, there is not enough state by state data at this time to vary rates by states and the Filing's proposed rate increases are therefore based on county-wide data;
 - f) The Company has seen severity of loss trends increase by 3.5% and while that is considered moderate relative to other insurers, the Company expects the trend to continue. Severity trends may decrease because of the tort reform legislation.
- 13) Patricia Houlihan, an employee of Chicago Insurance Company, responded to questions from the Division as follows:
- a) The Company defines 'a claim' as "any negligent providing of professional services on behalf of that practitioner;"
 - b) Policies subject to this proposed rate filing include defense costs for professional disciplinary action which are provided via a supplementary payment defense reimbursement coverage;
 - c) The nature of the claims seen in Illinois are for misdiagnosis, negligent treatment and/or inappropriate delivery of services;

- d) Company policy is to review each claim within 90 days of filing in order to determine if settlement is appropriate;
 - e) The Company utilizes claim representatives and management personnel to make settlement determinations, but uses no individuals actually licensed in the particular specialty. The Company also utilizes alternative dispute resolution as claims, settlement method. The Company's policies contain "consent to settle clauses." requiring insured involvement in a decision to settle. One consideration in early settlement is defense cost savings;
 - f) The Company is aware of the caps for non-economic damages and other tort reform effective in Illinois but has not changed it's strategy for handling new claims because of those reforms. She expects it to take five to six years before any positive effect on claims attributable to the reforms;
 - g) The Company has available to insureds risk management premium credits where appropriate. The credits typically do not exceed 10% of the total premium.
- 14) The Division asked certain questions of the witnesses during the proceeding that, pursuant to agreement with the Division, were to be answered in writing after the hearing. On September 5, 2007, the Hearing Officer was served with the written responses providing the following additional information (see Hearing Officer Exhibit # 4).
- a) In Illinois for Miscellaneous Therapists, 54.2% of the total claims reported were being litigated;
 - b) Of those claims in litigation 97% are settled prior to trial;
 - c) For Miscellaneous Therapists, 69% of the total allocated Loss Adjustment Expenses (ALAE) were attributable to defense costs;
 - d) For Miscellaneous Therapists the Company has seen an annual increase of 9% in defense costs for those cases handled pursuant to contracts with preferred law firms; and

- e) No Miscellaneous Therapists in Illinois are currently receiving a risk management credit in their policy.

DISCUSSION AND ADDITIONAL FINDINGS

- 15) The purpose of this proceeding is to determine if the Chicago Insurance Company's Medical Malpractice Rule/Rate Filing # CGIL-MT IL 0807 RA is in compliance with Section 155.18 of the Illinois Insurance Code.

Section 155.18 of the Insurance Code provides, in part, as follows:

- “(a) This Section shall apply to insurance on risks based upon negligence by a physician, hospital or other health care provider, referred to herein as medical liability insurance.
- (b) The following standards shall apply to the making and use of rates pertaining to all classes of medical liability insurance:
 - (1) Rates shall not be excessive or inadequate nor shall they be unfairly discriminatory.
 - (2) Consideration shall be given, to the extent applicable, to past and prospective loss experience within and outside this State, to a reasonable margin for underwriting profit and contingencies, to past and prospective expenses both countrywide and those especially applicable to this State, and to all other factors, including judgment factors, deemed relevant within and outside this State. Consideration may also be given in the making and use of rates to dividends, savings or unabsorbed premium deposits allowed or returned by companies to their policyholders, members or subscribers.
 - (3) The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or groups with respect to any kind of insurance, or with respect to any subdivision or combination thereof.

- (4) Risks may be grouped by classifications for the establishment of rates and minimum premiums. Classification rates may be modified to produce rates for individual risks in accordance with rating plans which established standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such classifications or modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations and shall apply to all risks under the same or substantially the same circumstances or conditions. The rate for an established classification should be related generally to the anticipated loss and expense factors or the class.
- (c)
 - (1) Every company writing medical liability insurance shall file with the Secretary of Financial and Professional Regulation the rates and rating schedules it uses for medical liability insurance. A rate shall go into effect upon filing, except as otherwise provided in this Section.
 - (2) If (i) 1% of the company's insureds within a specialty or 25 of the company's insureds (whichever is greater) request a public hearing, (ii) the Secretary at his or her discretion decides to convene a public hearing, or (iii) the percentage increase in a company's rate is greater than 6%, then the Secretary shall convene a public hearing in accordance with this paragraph (2). A public hearing under this paragraph (2) must be concluded within 90 days after the request, decision, or increase that gave rise to the hearing. The Secretary may, by order, adjust a rate or take any other appropriate action at the conclusion of the hearing.
 - (3) A rate filing shall occur upon a company's commencement of medical liability insurance business in this State and thereafter as often as the rates are changed or amended.

- 2) The Director of Insurance has jurisdiction over the parties and the subject matter of this proceeding pursuant to Sections 5/155.18, 5/401, 5/402, 5/403 of the Illinois Insurance Code (215 ILCS 5/155.18, 5/401, 5/402 and 5/403).
- 3) Chicago Insurance Company Filing # CGIL MT IL 0807 RA is not excessive, inadequate or unfairly discriminatory and therefore does not violate Section 5/155.18 of the Illinois Insurance Code.
- 4) Chicago Insurance Company should be assessed the costs of this proceeding in the amount of \$108.75. The Hearing was statutorily required by virtue of the Company's greater than 6% rate filing.

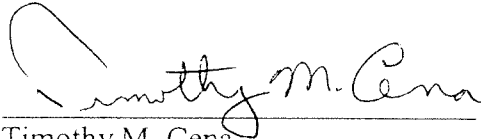
RECOMMENDATIONS

Based upon the above stated Findings of Fact, Conclusions of Law and the entire Record in this matter the Hearing Officer makes the following Recommendations to the Director of Insurance.

- 1) That Chicago Insurance Company Filing # CGIL MT IL 0807 RA be approved; and
- 2) That Chicago Insurance Company be assessed the costs of this proceeding.

Respectfully submitted,

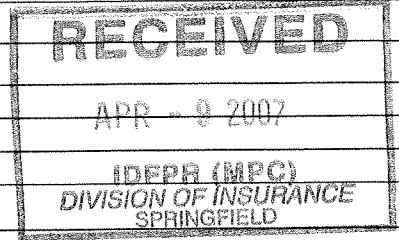
Date: 9/21/07



Timothy M. Cena
Hearing Officer

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		



3. Group Name				Group NAIC #
	Fireman's Fund Insurance Company			0761
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Chicago Insurance Company	IL	22810	36-6042949	

5. Company Tracking Number	CGIL MT IL 08 07 RA
-----------------------------------	---------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Diane Sowell 33 W. Monroe Street Chicago, IL 60603	Analyst	800-255-2096 Ext. 455146	866-613-6395	dsowell@ffic.com
7. Signature of authorized filer		<i>Diane Sowell</i>		
8. Please print name of authorized filer		Diane Sowell		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Medical Malpractice – Occurrence Only
10. Sub-Type of Insurance (Sub-TOI)	Med Mal Sub-TOI Combinations
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Miscellaneous Therapists Professional Liability
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 08/01/2007 Renewal: 08/01/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	03/14/2007

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # CGIL MT IL 08 07 RA

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Chicago Insurance Company submits for your review and approval revised rates designed for use with our Miscellaneous Therapists Professional Liability program for our Allied Health Purchasing Group Association.

The changes include:

- 20.0% base rate increase for all Optometrists.
- 5.0% base rate increase for all Employed Occupational Therapists.
- 19.0% base rate increase for all Self-Employed Occupational Therapists.
- Elimination of the group size credit currently offered to Self-Employed Occupational Therapists. We estimate the impact from this change to be +1.4% to the total Occupational Therapists group (+1.9% to the Self-Employed Occupational Therapists).
- 10.0% base rate increase for all Respiratory Therapists.
- Reduction of the part-time Respiratory Therapists credit. We estimate the impact from this change to be +5.8% to the overall Respiratory Therapists book of business.
- 10.0% base rate increase for all Medical Technologists.

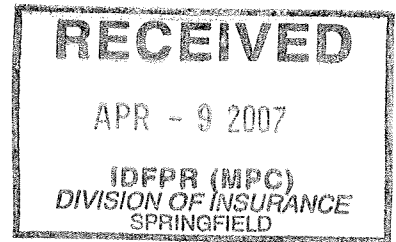
The overall rate effect of these changes is an increase of +17.5% countrywide compared to our overall indicated rate increase of 39.9%. The overall Illinois rate change is +17.3%.

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: N/A
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective August 1, 2007

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Medical Malpractice</u>	<u>\$316,307</u>	<u>+17.3%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
Miscellaneous Therapists – Occupational Therapists, Respiratory Therapists, Medical Technologists, and Optometrists.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
The overall Illinois rate effect of these changes is an increase of +17.3% to the Miscellaneous Therapists program.

- * Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

The changes include:

- 20.0% base rate increase for all Optometrists.
- 5.0% base rate increase for all Employed Occupational Therapists.
- 19.0% base rate increase for all Self-Employed Occupational Therapists.
- Elimination of the group size credit currently offered to Self-Employed Occupational Therapists. We estimate the impact from this change to be +1.4% to the total Occupational Therapists group (+1.9% to the Self-Employed Occupational Therapists).
- 10.0% base rate increase for all Respiratory Therapists.
- Reduction of the part-time Respiratory Therapists credit. We estimate the impact from this change to be +5.8% to the overall Respiratory Therapists book of business.
- 10.0% base rate increase for all Medical Technologists.

H29219D

The overall rate effect of these changes is an increase of +17.5% countrywide compared to our overall indicated rate increase of 39.9%. The overall Illinois rate change is +17.3%.

Chicago Insurance Company
Name of Company

Joseph Shores,
Regional Underwriting Executive
Official - Title

FILING #CGIL MT IL 08 07 RA

**ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES**

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Joseph Shores, a duly authorized officer of Fireman's Fund Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Jayme Stubitz, a duly authorized actuary of Fireman's Fund Insurance Company am authorized to certify on behalf of Fireman's Fund Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

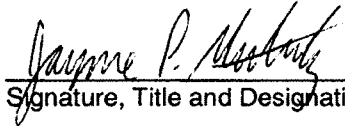


Vice President

Signature and Title of Authorized Insurance Company Officer

3/6/2007

Date



Actuarial Director, ACAS, MAAA

Signature, Title and Designation of Authorized Actuary

3/6/2007

Date

Insurance Company FEIN 36-6042949

Filing Number: CGIL MT IL 08 07 RA

Insurer's Address: 33 W. Monroe Street

City Chicago State Illinois Zip Code 60603

Contact Person's

Name and E-mail: Diane Sowell - dsowell@ffic.com

Direct Telephone and Fax Number: Telephone: 312-456-5146 Fax: 866-613-6395

The Fireman's Fund Insurance Companies

Rate Filing Miscellaneous Therapists Professional Liability Effective August 1, 2007 Actuarial Memorandum

Please find attached actuarial support for the following rate changes for the Allied Health Purchasing Group Association:

Optometrists

1. We are requesting a 20.0% base rate increase for all Optometrists. Support for this change is shown in Exhibit 3.

Occupational Therapists

2. We are requesting a 5.0% base rate increase for all Employed Occupational Therapists. Support for this change is shown in Exhibit 3.
3. We are requesting a 19.0% base rate increase for all Self-Employed Occupational Therapists. Support for this change is shown in Exhibit 3.
4. We are eliminating the group size credit currently offered to Self-Employed Occupational Therapists. The credits range from 4.0% to 12.0%. Based on Exhibit 3B the Occupational Therapists in groups are performing worse than the individual Occupational Therapists, but are receiving a credit despite their poor loss experience. We have estimated the impact from this change to be +1.4% to the total Occupational Therapists group (+1.9% to the Self-Employed Occupational Therapists).

Respiratory Therapists

5. We are requesting a 10.0% base rate increase for all Respiratory Therapists. Support for this change is shown in Exhibit 3.
6. Currently, part-time Respiratory Therapists are paying 44% of the self-employed rate. We are reducing the part-time credit so that part-time therapists will pay 60% of the self-employed rate. We estimate the impact from this change to be +5.8% to the overall Respiratory Therapists book of business. Support for this change is shown in Exhibit 3.

Medical Technologists

7. We are requesting a 10% base rate increase for all Medical Technologists. Support for this change is shown in Exhibit 3.

The overall rate effect of these changes is an increase of 17.5% countrywide compared to our overall indicated rate increase of 39.9%.

Our overall indication is developed on the attached exhibits. The exhibits provide the detailed backup for the various factors used to develop the overall and class indications. In general, our individual state experience lacks sufficient credibility to develop indications at the state level so our analysis is predicated on countrywide data.

The rate increase we are requesting is the overall countrywide rate. The proposed rate increase would be applied countrywide. Please note that this program is marketed on a nationwide basis and is a self-rated application. Utilization of a nationwide rating plan allows us to maintain operational efficiencies and effectiveness. Without the ability to maintain nationwide rates there would be a significant increase in acquisition costs.

The evaluation date of the Accident Year data that is being utilized in the rate level indication is as of September 30, 2006.

Exhibit 1
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability
Development of Rate Indication

(1) Countrywide Experience Loss & ALAE Ratio	69.3%
(2) Number of Projected Ultimate Claims	606
(3) Credibility of Countrywide Experience	94.2%
(4) Complement of Credibility	5.8%
(5) Permissible Loss & ALAE Ratio	48.8%
(6) Trended Permissible Loss & ALAE Ratio	50.5%
(7) Credibility Weighted Loss & ALAE Ratio	68.2%
(8) Credibility Weighted Rate Indication	39.9%
(9) Selected Rate Change	17.5%

Notes:

- (1) From Exhibit 2, Row 15
- (2) Total from Column (7) of Exhibit 2.
- (3) Minimum of 1.00 or $\{ (2) / 683 \} ^{0.5}$.
- (4) $= 1 - (3)$
- (5) From Exhibit 7, Row 11
- (6) $= (5) \times (1 + \text{trend from Exhibit 6})$
- (7) $= \{ (1) \times (3) \} + \{ (4) \times (6) \}$
- (8) $= [(7) / (5)] - 1$

Exhibit 2
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Ratemaking Calculations - Countrywide

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Accident Year	Earned Premium	On-Level Factors	On-Level Earned Premium	Paid Loss and ALAE	Case Reserves	Reported Loss and ALAE	Ultimate Claim Counts
2001	7,427,729	1.193	8,858,185	3,467,220	990,105	4,457,325	97
2002	7,608,810	1.193	9,074,139	3,003,731	747,501	3,751,232	100
2003	8,062,037	1.193	9,614,650	2,451,539	1,080,241	3,531,780	123
2004	8,718,760	1.154	10,061,585	789,286	1,498,088	2,287,374	115
2005	9,886,413	1.098	10,850,498	236,591	430,061	666,652	171
Total	41,703,750		48,459,057	9,948,368	4,745,996	14,694,363	606

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Accident Year	Paid Link Ratio	Projected Ultimate Losses Reported Link Ratio	Rptd Bornhuetter-Ferguson	Selected Ultimate Losses	Trend Factors	Trended Selected Ultimate Losses	Ultimate Loss Ratio
2001	4,438,956	5,166,040		4,802,498	1.276	6,128,129	69.2%
2002	4,771,863	5,291,840		5,031,851	1.233	6,203,809	68.4%
2003	5,250,393	6,094,552		5,672,472	1.191	6,757,295	70.3%
2004	4,405,328	7,026,208	6,361,097	6,693,651	1.151	7,703,579	76.6%
2005	8,120,730	5,545,422	6,692,259	6,118,840	1.112	6,804,065	62.7%
Total	26,987,270	29,124,060	13,053,355	28,319,313		33,596,876	69.3%

(15) Experience Loss and ALAE Ratio 69.3%

Notes

- (1) From Exhibit 6.
- (2) Based on historical rate changes; see Exhibit 4.
- (3) = (1) x (2)
- (4)-(7) From Exhibit 6.
- (8)-(9) Based on loss development factors in Exhibit 7.
- (10) A priori loss ratio equals average of loss ratios, AYs 2001-2003.
- (11) Selected judgmentally based on (8) - (10).
- (12) From Exhibit 6.
- (13) = (11) x (12)
- (14) = (13) / (3)

Exhibit 3
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Rate Classification Relativities

(1) Accident Year	(2) Earned Premium	(3) On-Level Factors	(4) On-Level Earned Premium	(5) Incurred Loss & ALAE	(6) Trend Factors	(7) Incurred Loss Development Factors	(8) Ultimate Trended Loss & ALAE	(9) Ultimate On-Level Loss Ratio	(10) Relativity	(11) Indicated Rate Change	(12) Selected Rate Change
Occupational Therapists - Employed											
2001	759,192	1.052	798,670	1,513	1.276	1.077	2,079	0.3%			
2002	780,402	1.052	820,983	479,801	1.233	1.341	793,497	96.7%			
2003	783,091	1.052	823,812	-	1.191	1.606	0	0.0%			
2004	806,307	1.052	848,235	15,788	1.151	2.926	53,170	6.3%			
2005	824,981	1.052	867,880	4,653	1.112	9.178	47,492	5.5%			
TOTAL	3,953,974		4,159,580	501,754			896,239	21.5%	0.311	12.4%	5.0%
Occupational Therapists - Self-Employed											
2001	2,156,359	1.052	2,268,489	776,262	1.276	1.077	1,067,240	47.0%			
2002	2,259,809	1.052	2,377,320	535,409	1.233	1.341	885,463	37.2%			
2003	2,349,493	1.052	2,471,666	768,790	1.191	1.606	1,470,913	59.5%			
2004	2,413,352	1.052	2,538,846	538,447	1.151	2.926	1,813,421	71.4%			
2005	2,459,058	1.052	2,586,929	242,533	1.112	9.178	2,475,373	95.7%			
TOTAL	11,638,071		12,243,250	2,861,443			7,712,410	63.0%	0.909	36.2%	21.2%

Exhibit 3
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Rate Classification Relativities

(1) Accident Year	(2) Earned Premium	(3) On-Level Factors	(4) On-Level Earned Premium	(5) Incurred Loss & ALAE	(6) Trend Factors	(7) Incurred Loss Development Factors	(8) Ultimate Trended Loss & ALAE	(9) Ultimate Trended On-Level Loss Ratio	(10) Relativity	(11) Indicated Rate Change	(12) Selected Rate Change
Respiratory Therapists - Full-Time											
2001	413,032	1.073	443,142	12,267	1.276	1.077	16,865	3.8%			
2002	435,172	1.073	466,896	634,126	1.233	1.341	1,048,721	224.6%			
2003	433,573	1.073	465,180	247,593	1.191	1.606	473,715	101.8%			
2004	459,262	1.044	479,364	1,548	1.151	2.926	5,214	1.1%			
2005	468,047	1.001	468,295	25,033	1.112	9.178	255,498	54.6%			
TOTAL	2,209,086		2,322,879	920,567			1,800,014	77.5%	1.118	44.6%	10.0%
Respiratory Therapists - Part-Time											
2001	103,219	1.073	110,743	447,300	1.276	1.077	614,968	555.3%			
2002	86,343	1.073	92,638	0	1.233	1.341	0	0.0%			
2003	105,978	1.073	113,704	0	1.191	1.606	0	0.0%			
2004	97,694	1.044	101,970	0	1.151	2.926	0	0.0%			
2005	88,918	1.001	88,965	0	1.112	9.178	0	0.0%			
TOTAL	482,151		508,020	447,300			614,968	121.1%	1.746	69.6%	50.0%

Exhibit 3
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Rate Classification Relativities

(1) Accident Year	(2) Earned Premium	(3) On-Level Factors	(4) On-Level Earned Premium	(5) Incurred Loss & ALAE	(6) Trend Factors	(7) Incurred Loss Development Factors	(8) Ultimate Trended Loss & ALAE	(9) Ultimate On-Level Loss Ratio	(10) Relativity	(11) Indicated Rate Change	(12) Selected Rate Change
Medical Technologists											
2001	991,818	1.278	1,268,023	965,780	1.276	1.077	1,327,797	104.7%			
2002	1,132,602	1.278	1,448,014	455,276	1.233	1.341	752,938	52.0%			
2003	1,305,331	1.278	1,668,845	1,195,878	1.191	1.606	2,288,052	137.1%			
2004	1,325,747	1.211	1,605,345	766,394	1.151	2.926	2,581,115	160.8%			
2005	1,295,394	1.117	1,446,838	101,275	1.112	9.178	1,033,650	71.4%			
TOTAL	6,050,892		7,437,064	3,484,603			7,983,552	107.3%	1.548	61.7%	10.0%
Optometrists											
2001	3,004,109	1.299	3,903,351	2,254,204	1.276	1.077	3,099,180	79.4%			
2002	2,914,480	1.299	3,786,893	1,646,620	1.233	1.341	2,723,190	71.9%			
2003	3,084,571	1.299	4,007,898	1,319,520	1.191	1.606	2,524,614	63.0%			
2004	3,616,399	1.231	4,450,520	965,197	1.151	2.926	3,250,659	73.0%			
2005	4,750,016	1.135	5,391,879	293,156	1.112	9.178	2,992,051	55.5%			
TOTAL	17,369,577		21,540,541	6,478,697			14,589,693	67.7%	0.977	39.0%	20.0%

Exhibit 3
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Rate Classification Relativities

(1) Accident Year	(2) Earned Premium	(3) On-Level Factors	(4) On-Level Earned Premium	(5) Incurred Loss & ALAE	(6) Trend Factors	(7) Incurred Loss Development Factors	(8) Ultimate Trended Loss & ALAE	(9) Ultimate Trended On-Level Loss Ratio	(10) Relativity	(11) Indicated Rate Change	(12) Selected Rate Change
Total											
2001	7,427,729	1.193	8,858,185	4,457,325	1.276	1.077	6,128,129	69.2%			
2002	7,608,810	1.193	9,074,139	3,751,232	1.233	1.341	6,203,809	68.4%			
2003	8,062,037	1.193	9,614,650	3,531,780	1.191	1.606	6,757,295	70.3%			
2004	8,718,760	1.154	10,061,585	2,287,374	1.151	2.926	7,703,579	76.6%			
2005	9,886,413	1.098	10,850,498	666,652	1.112	9.178	6,804,065	62.7%			
Total	41,703,750		48,459,057	14,694,363			33,596,876	69.3%	1.000	39.9%	17.5%

Notes: (7) = Implied LDFs from ultimate loss selections in Exhibit 2.

Exhibit 3a
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Rate Distribution

Illinois

Segment	(1) 2005 Illinois Written Premium	(2) Number of Policies	(3) Average Premium	(4) Selected Rate Change	(5) Approximate Number of Policies Affected	(6) Premium After Rate Change
Occupational Therapists - Employed	\$30,833	467	\$66	5.0%	467	\$32,375
Occupational Therapists - Self-Employed	\$94,851	439	\$216	21.2%	439	\$114,959
Respiratory Therapists - Full-Time	\$13,183	62	\$213	10.0%	62	\$14,501
Respiratory Therapists - Part-Time	\$3,752	19	\$197	50.0%	19	\$5,628
Medical Technologists	\$49,932	368	\$136	10.0%	368	\$54,925
Optometrists	\$123,756	906	\$137	20.0%	906	\$148,507
Total	\$316,307	2,261	\$140		2,261	\$370,895

(7) = Sum of (1) = Total Earned Premium Before Rate Change

(8) = Sum of (6) = Total Earned Premium After Rate Change

(9) Overall Rate Change = (8)/(7)-1.000

316,307
370,895
17.3%

Exhibit 3B
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Occupational Therapists Self-Employed Group Size Credit

Sub-class	(1a) 2001	(1b) 2002	(1c) 2003	(1d) 2004	(1e) 2005	(1f) Total	(2a) 2001	(2b) 2002	(2c) 2003	(2d) 2004	(2e) 2005	(2f) Total	(3) On-Level Loss Ratio
			Incurring Loss + ALAE						Earned Premium				
Self-Employed													
Individual Self-Employed OT	714,120	489,605	746,761	533,158	106,743	2,590,388	1,224,092	1,334,484	1,402,757	1,448,646	1,518,098	6,928,077	37.4%
Group Self-Employed OT	470,509	212,850	388,745	52,850	57,792	1,182,547	893,456	861,617	881,437	891,378	903,589	4,431,477	26.7%
	243,611	276,955	358,016	480,308	48,951	1,407,841	330,635	472,867	521,320	557,269	614,509	2,496,600	56.4%
Part-Time, Self-Employed	62,143	45,804	22,030	5,289	135,790	271,055	932,267	925,326	946,736	964,705	940,960	4,709,993	5.8%
Occupational Therapists - Self-Employed Total	776,262	535,409	768,790	538,447	242,533	2,861,443	2,156,359	2,259,809	2,349,493	2,413,352	2,459,058	11,638,071	24.6%

Notes:

- (1) Data as of September 30, 2006
- (2) Data as of September 30, 2006
- (3) = (1) ÷ (2)

Exhibit 4, Sheet 1
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Overall Miscellaneous Therapists

Date	Rate Change	Rate Change	Overall Effective Rate Level	1997	1998	1999	2000	2001	2002	2003	2004	2005
9/1/1998	5.39%	1.0000	1.0000	1.0000	0.9444	0.2222	1.0000	1.0000	1.0000	1.0000	0.6172	0.0078
2/15/2004	8.73%	1.0539	1.0539		0.0556	0.7778					0.3828	0.9922
5/1/2006	9.68%	1.0873	1.1459									
		1.0968	1.2569									
Average Rate Level:				1.0000	1.0030	1.0419	1.0539	1.0539	1.0539	1.0539	1.0892	1.1452

Exhibit 4, Sheet 2

Accident Year	Average		Current		Factor to	
	Rate	Level	Rate	Level	Rate	Level
1997	1.0000		1.5532		1.5532	
1998	1.0109		1.5532		1.5365	
1999	1.1520		1.5532		1.3483	
2000	1.1954		1.5532		1.2993	
2001	1.1954		1.5532		1.2993	
2002	1.1954		1.5532		1.2993	
2003	1.1954		1.5532		1.2993	
2004	1.2621		1.5532		1.2306	
2005	1.3683		1.5532		1.1351	

Average Rate Level:	1.0000	1.0109	1.1520	1.1954	1.1954	1.1954	1.2621	1.3683
---------------------	--------	--------	--------	--------	--------	--------	--------	--------

Exhibit 4, Sheet 3
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Occupational Therapists

Date	Rate Change	Rate Change	Overall Effective Rate Level	Factor to									
				Accident Year	Average Rate Level	Current Rate Level	Current Rate Level	Current Rate Level	Current Rate Level	Current Rate Level	Current Rate Level	Current Rate Level	Current Rate Level
5/1/2006	5.20%	1.0000 1.0520	1.0000 1.0520	1997	1.0000	1.0520	1.0520	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
				1998	1.0000	1.0520	1.0520	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
				1999	1.0000	1.0520	1.0520	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
				2000	1.0000	1.0520	1.0520	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
				2001	1.0000	1.0520	1.0520	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
				2002	1.0000	1.0520	1.0520	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
				2003	1.0000	1.0520	1.0520	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
				2004	1.0000	1.0520	1.0520	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
				2005	1.0000	1.0520	1.0520	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Average Rate Level:				1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	

Exhibit 4, Sheet 4

Medical Technologists

[illegible]

Exhibit 4, Sheet 5
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Respiratory Therapists

Date	Rate Change	Rate Change	Rate Level	Overall Effective Rate Level	Factor to	
					Average Rate Level	Current Rate Level
2/15/2004	7.29%	1.0000 1.0729	1.0000 1.0729	1.0000 1.0729	1997	1.0729
					1998	1.0729
					1999	1.0729
					2000	1.0729
					2001	1.0729
					2002	1.0729
					2003	1.0729
					2004	1.0438
					2005	1.0005
					1997	1.0000
Average Rate Level:					1.0000	1.0000

Exhibit 5, Sheet 1
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Paid Loss Development Factors by Accident Year
Countrywide

Accident Year	Paid Losses and ALAE											
	Evaluation Age in Months											
	9	21	33	45	57	69	81	93	105	117	129	141
1995	2,735	42,845	233,149	1,650,901	1,818,348	2,236,256	2,428,455	2,675,804	3,022,483	3,051,327	3,156,083	3,156,083
1996	5,448	148,541	1,501,245	2,162,066	3,216,332	3,910,936	4,172,373	4,195,965	4,202,756	4,207,825	4,226,866	-
1997	1,685	34,873	300,706	748,963	2,234,251	2,627,785	4,339,267	4,470,950	4,500,687	4,514,920	-	-
1998	154	102,705	437,036	1,208,428	1,678,363	3,296,941	3,574,156	3,629,582	3,766,738	-	-	-
1999	2,682	18,246	235,898	2,271,589	2,527,922	2,729,942	3,034,539	3,059,497	-	-	-	-
2000	13,613	72,678	255,367	3,496,527	3,916,789	4,200,233	4,852,396	-	-	-	-	-
2001	1,744	107,058	775,061	1,780,313	2,711,923	3,467,220	-	-	-	-	-	-
2002	1,229	116,847	1,555,618	2,341,909	3,003,731	-	-	-	-	-	-	-
2003	7,134	479,464	1,656,929	2,451,539	-	-	-	-	-	-	-	-
2004	11,523	135,298	789,286	-	-	-	-	-	-	-	-	-
2005	11,338	236,591	-	-	-	-	-	-	-	-	-	-
2006	14,584	-	-	-	-	-	-	-	-	-	-	-

Age-to-Age Factors

Accident Year	Evaluation Age in Months											
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to 141	141 to Ult.
1995	15,663	5,442	7,081	1,101	1,230	1,086	1,102	1,130	1,010	1,034	1,000	
1996	27,263	10,107	1,440	1,488	1,216	1,067	1,006	1,002	1,001	1,005		
1997	20,701	8,623	2,491	2,983	1,176	1,651	1,030	1,007	1,003			
1998	666,914	4,255	2,765	1,389	1,964	1,084	1,016	1,038				
1999		12,929	9,630	1,113	1,080	1,112	1,008					
2000	5,339	3,514	13,692	1,120	1,072	1,155						
2001	61,395	7,240	2,297	1,523	1,279							
2002	95,085	13,313	1,505	1,283								
2003	67,206	3,456	1,480									
2004	11,741	5,834										
2005	20,867											

Average Development

Average Type	Evaluation Age in Months											
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to 141	141 to Ult.
All Years	90,816	7,471	4,709	1,500	1,288	1,193	1,032	1,044	1,005	1,019	1,000	
Latest 3	48,725	7,534	1,761	1,309	1,144	1,117	1,018	1,015	1,005	1,019	1,000	
Ex. Hi-Lo	36,303	7,243	3,893	1,319	1,196	1,109	1,018	1,022	1,003			
Wtd. Avg.	25,219	6,150	2,606	1,348	1,241	1,179	1,028	1,035	1,004	1,017	1,000	
Wtd. Last 3	28,382	5,470	1,649	1,264	1,136	1,121	1,019	1,014	1,004	1,017	1,000	

Selected Loss Development Factors

Age-to-Age	25,219	6,150	2,606	1,348	1,241	1,179	1,028	1,035	1,004	1,017	1,000	1,000
Age-to-Ult	865,632	34,324	5,581	2,142	1,589	1,280	1,086	1,057	1,021	1,017	1,000	1,000

Exhibit 5, Sheet 2

Incurred Loss Development Factors by Accident Year

[illegible][illegible]

Average Type	Evaluation Age in Months											
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to 141	141 to Ult.
All Years	9.327	2.987	2.104	1.238	1.244	0.985	1.167	0.996	0.922	1.029	1.000	
Latest 3	7.073	3.006	1.416	1.191	1.126	1.010	1.031	1.006	0.922	1.029	1.000	
Ex. Hi-Lq	8.583	2.678	1.943	1.224	1.217	1.010	1.032	0.995	0.998			
Wtd. Avg.	6.868	2.708	1.760	1.223	1.177	0.988	1.120	0.995	0.925	1.035	1.000	
Wtd. Last 3	5.750	2.878	1.380	1.183	1.138	1.001	1.027	1.005	0.925	1.035	1.000	

Selected Loss Development Factors									
Age-to-Age	2.768	1.780	1.223	1.217	1.000	1.000	1.000	1.000	1.000
Age-to-Ult	8.318	3.072	1.726	1.411	1.159	1.035	1.035	1.000	1.000

Exhibit 5, Sheet 3
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability
 Claim Count Development Factors by Accident Year
 Countrywide

Accident Year	Reported Claim Counts													
	Evaluation Age in Months													
	9	21	33	45	57	69	81	93	105	117	129	141		
1995	7	52	68	78	85	88	89	89	90	90	90	90	90	90
1996	11	43	67	82	87	91	91	91	91	92	92	92	92	92
1997	14	43	80	94	100	100	103	103	103	103	103	103	103	103
1998	15	42	66	86	98	100	102	102	102	102	102	102	102	102
1999	18	55	77	89	91	93	94	94	95	95	95	95	95	95
2000	24	66	86	101	106	110	112	112	112	112	112	112	112	112
2001	12	48	73	91	94	95	-	-	-	-	-	-	-	-
2002	22	63	81	89	95	-	-	-	-	-	-	-	-	-
2003	22	67	97	110	-	-	-	-	-	-	-	-	-	-
2004	26	64	87	-	-	-	-	-	-	-	-	-	-	-
2005	36	90	-	-	-	-	-	-	-	-	-	-	-	-
2006	40	-	-	-	-	-	-	-	-	-	-	-	-	-
Age-to-Age Factors														
Accident Year	Evaluation Age in Months													
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to 141	141 to Ult.		
1995	7.429	1.308	1.147	1.090	1.035	1.011	1.000	1.011	1.000	1.000	1.000	1.000	1.000	1.000
1996	3.909	1.558	1.224	1.061	1.046	1.000	1.000	1.000	1.011	1.000	1.000	1.000	1.000	1.000
1997	3.071	1.860	1.175	1.064	1.000	1.030	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1998	2.800	1.571	1.303	1.140	1.020	1.020	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1999	3.056	1.400	1.156	1.022	1.022	1.011	1.011	1.011	1.011	1.011	1.011	1.011	1.011	1.011
2000	2.750	1.303	1.174	1.050	1.038	1.018	1.018	1.018	1.018	1.018	1.018	1.018	1.018	1.018
2001	4.000	1.521	1.247	1.033	1.011	1.011	1.011	1.011	1.011	1.011	1.011	1.011	1.011	1.011
2002	2.864	1.286	1.099	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067
2003	3.045	1.448	1.134	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067
2004	2.462	1.359	1.134	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067
2005	2.500	1.359	1.134	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067	1.067
Average Development														
Average Type	Evaluation Age in Months													
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to 141	141 to Ult.		
All Years	3.444	1.461	1.184	1.066	1.025	1.015	1.002	1.003	1.004	1.004	1.000	1.000	1.000	1.000
Latest 3	2.869	1.364	1.160	1.050	1.023	1.016	1.004	1.000	1.004	1.004	1.000	1.000	1.000	1.000
Ex. H/L	3.111	1.434	1.180	1.061	1.025	1.015	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Wtd. Avg.	3.058	1.440	1.180	1.065	1.024	1.015	1.002	1.003	1.004	1.004	1.000	1.000	1.000	1.000
Wtd. Last 3	2.631	1.366	1.155	1.050	1.024	1.017	1.003	1.000	1.004	1.004	1.000	1.000	1.000	1.000
Selected Loss Development Factors														
Age-to-Age	3.858	1.440	1.180	1.065	1.024	1.015	1.002	1.003	1.004	1.004	1.000	1.000	1.000	1.000
Age-to-Ult	5.804	1.898	1.318	1.117	1.049	1.024	1.008	1.006	1.004	1.004	1.000	1.000	1.000	1.000

Exhibit 6
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Countrywide Experience																
(1) Accident Year	(2) Paid Loss & ALAE	(3) Incurred Loss & ALAE	(4) Paid Development Factor	(5) Incurred Development Factor	(6) Indicated Ultimate From Paid Development	(7) Indicated Ultimate From Incurred Development	(8) Selected Ultimate Loss & ALAE	(9) Reported Claim Count	(10) Claim Emergence Factor	(11) Ultimate Claim Count	(12) Ultimate Severity	(13) Earned Premium	(14) Premium Factor On Current Level	(15) On Level Earned Premium	(16) Exposure Adjusted Frequency	
1995	3,156,083	3,156,083	1.000	1.000	3,156,083	3,156,083	3,156,083	90	1.000	90	35.068	5,437,750	1.257	6,834,702	13.17	
1996	4,226,866	4,576,866	1.000	1.000	4,226,866	4,576,866	4,401,866	92	1.000	92	47.846	6,022,324	1.257	7,569,451	12.15	
1997	4,514,920	4,514,920	1.017	1.035	4,591,918	4,671,252	4,631,585	103	1.000	103	44.967	6,808,813	1.257	8,557,988	12.04	
1998	3,766,738	3,936,738	1.021	1.035	3,846,705	4,073,050	3,959,877	102	1.004	102	38.822	7,850,471	1.253	9,837,772	10.37	
1999	3,059,497	3,251,997	1.057	1.035	3,233,041	3,364,600	3,298,820	95	1.006	96	34.363	5,963,578	1.206	7,193,865	13.34	
2000	4,852,396	5,162,396	1.086	1.159	5,268,769	5,981,041	5,624,805	112	1.008	113	49.778	6,945,166	1.193	8,282,689	13.64	
2001	3,457,220	4,457,325	1.280	1.159	4,438,956	5,166,040	4,802,498	95	1.024	97	49.510	7,427,729	1.193	8,858,185	10.95	
2002	3,003,731	3,751,232	1.589	1.411	4,771,863	5,291,840	5,031,851	95	1.049	100	50.319	7,608,810	1.193	9,074,139	11.02	
2003	2,451,539	3,531,780	2.142	1.726	5,250,393	6,094,552	5,672,472	110	1.117	123	46.118	8,062,037	1.193	9,614,650	12.79	
											3.1%	1995 - 2001 Fitted Trend				-0.8%
											3.5%	1995 - 2002 Fitted Trend				-1.3%
											2.9%	1995 - 2003 Fitted Trend				-0.5%
											3.5%	Selected				0.0%

Total Trend 3.5%

Accident Year	Annual Trend	Midpoint of Experience	Average Accident Date of Effective Period	Trend Period	Trend Factor
2000	1.035	7/1/2000	8/1/2008	8.08	1.321
2001	1.035	7/1/2001	8/1/2008	7.09	1.276
2002	1.035	7/1/2002	8/1/2008	6.09	1.233
2003	1.035	7/1/2003	8/1/2008	5.09	1.191
2004	1.035	7/1/2004	8/1/2008	4.08	1.151
2005	1.035	7/1/2005	8/1/2008	3.09	1.112

Exhibit 7
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Projected Expenses

	2001	2002	2003	2004	2005	Selected
(1) Direct Written Premium	233,543	207,738	156,590	155,744	142,703	
(2) Direct Earned Premium	195,790	235,170	161,165	148,134	144,693	
Expense Category:						
(3) Commissions	48,063 20.6%	43,176 20.8%	33,303 21.3%	33,030 21.2%	32,051 22.5%	27.5%
(4) Other Acquisitions	5,977 3.1%	7,849 3.3%	4,825 3.0%	4,082 2.8%	4,376 3.0%	3.0%
(5) General	13,947 7.1%	18,315 7.8%	11,259 7.0%	9,525 6.4%	10,209 7.1%	7.1%
(6) Taxes, Licenses, and Fees	4,793 2.4%	5,859 2.5%	4,000 2.5%	3,304 2.2%	2,700 1.9%	2.3%
(7) Subtotal	72,780 33.2%	75,199 34.4%	53,387 33.7%	49,941 32.6%	49,336 34.4%	39.9%
(8) Unallocated Loss Adjustment Expenses	5,542 2.8%	-7,126 -3.0%	4,309 2.7%	3,488 2.4%	1,671 1.2%	2.1%
(9) Profit Load						9.2%
(10) Total Expenses						51.2%
(11) Permissible Loss and Allocated Loss Adjustment Expense Ratio						48.8%

Notes:

Based on IEE for Medical Malpractice using Fireman's Fund Insurance Companies consolidated data.

(3) Selected is actual 2006 Miscellaneous Therapists commission rate paid.

(11) = 1.00 - (10)

Exhibit 8
The Fireman's Fund Insurance Companies

**Fireman's Fund Consolidated
Professional Liability
Calculation of Underwriting Profit Provision**

	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>Selected</u>
(1) Earned Premium (AS Page 4, Line 1, Col 1)	\$4,084,898,912	\$2,624,676,440	\$3,951,255,938	\$4,210,707,223	\$4,327,051,937	
(2) Investable Assets (AS Page 2, Line 10, Col 3)	\$10,562,407,685	\$10,561,863,002	\$10,808,273,330	\$9,725,795,497	\$9,516,052,182	
(3) Surplus (AS Page 3, Line 35, Col 1)	\$1,945,394,297	\$2,239,490,119	\$2,858,865,888	\$2,930,106,208	\$2,850,201,410	
(4) Net Investment Income Earned (AS Page 4, Line 9, Col 1)	\$446,350,525	\$472,473,418	\$511,123,917	\$483,732,059	\$476,477,702	
(5) Net Realized Capital Gains (AS Page 4, Line 10, Col 1)	(\$215,687,471)	(\$208,169,492)	(\$9,147,171)	\$10,758,814	\$41,408,600	
(6) Premium-to-Surplus ratio (1) / (3)	2.10	1.17	1.38	1.44	1.52	1.30
(7) Professional Liability Occurrence Premium-to-Capital ratio						0.91
(8) Premium-to-Assets ratio (1) / (2)	0.39	0.25	0.37	0.43	0.45	0.34
(9) Target After-Tax ROE						15.0%
(10) Tax Rate						35.0%
(11) Return on Assets [(4) + (5)] / (2)	2.2%	2.5%	4.6%	5.1%	5.4%	5.5%
(UW Income + Investment Income) x (1 - Tax Rate) = (Allocated Capital) x (Target After-Tax ROE)						
(12) UW Profit Provision [(9) / (7)] / [1 - (10)] - [(11) / (8)]						9.2%

Neuman, Gayle

From: DSowell@FFIC.COM
Sent: Monday, May 21, 2007 3:55 PM
To: Neuman, Gayle
Subject: RE: Rate Filing #CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Neuman,

We report our statistics to the National Independent Statistical Service (NISS).

Thank you.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <DSowell@ffic.com>

cc

05/21/2007 01:46 PM

Subject RE: Rate Filing #CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

One last question - indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used? Is this done in-house?

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS

5/22/2007

MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO:

Gayle.Neuman@illinois.gov

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

5/22/2007

Neuman, Gayle

From: DSowell@FFIC.COM
Sent: Monday, May 21, 2007 12:35 PM
To: Neuman, Gayle
Subject: RE: Rate Filing #CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association
Attachments: Rating Rules for IL OT Filing Eff 080107 - III.pdf

Ms. Neuman,

We have revised the Rating Rules to show the Risk Management Credit as 10% and removed the "up to".

Please let me know if you need any additional information.

Thank you.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <DSowell@ffic.com>

cc

05/17/2007 09:35 AM

Subject RE: Rate Filing #CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

So, if an insured fit the criteria tomorrow, this credit is not offered? If it is not offered, it should be removed from the manual. If there is reason for it to stay in the manual, we are back to my original question. The wording states "up to 25%" - what determines one insured will get a 25% credit and another insured will get a 15% credit? If the credit is suppose to be 25%, please remove the wording "up to".

Your prompt attention is appreciated.

From: DSowell@FFIC.COM [mailto:DSowell@FFIC.COM]
Sent: Wednesday, May 16, 2007 6:39 PM
To: Neuman, Gayle
Subject: RE: Rate Filing #CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

5/21/2007

Ms. Neuman,

Currently we do not include or apply the Risk Management Education Credit on the application. If we were to ask the question on the application, the credit will be applied (or not applied) based on a specific answer. We have not been asked to provide this credit currently for any of the programs we are filing at this time.

Please let me know if you have any additional questions.

Thank you.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

05/14/2007 11:11 AM

To <DSowell@ffic.com>

cc

Subject RE: Rate Filing #CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

In regard to #5, please explain the criteria used to determine if an insured receives a 5% credit compared to a 10% credit.

Your response is requested by no later than May 17, 1007.

From: DSowell@FFIC.COM [mailto:DSowell@FFIC.COM]

Sent: Friday, May 11, 2007 1:03 PM

To: Neuman, Gayle

Subject: Re: Rate Filing #CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Neuman,

Please review the attached responses to your May 4, 2007 email. Let me know if you need any additional information.

Thank you.

5/21/2007

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

05/04/2007 09:47 AM

To <DSowell@ffic.com>

cc

Subject Rate Filing #CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

The Department is in receipt of the above referenced filing number submitted by letter dated April 6, 2007. The submission is not acceptable for filing in Illinois due to the following reason(s):

1. Under Section 1. Application, the manual indicates rating rules are not provided for optometrist and respiratory therapists. Please explain.
2. Please confirm that Medical Technologist, Occupational Therapist and Respirary Therapist are all charged the rate listed as there is not any territory distinction.
3. Is part of the premium representing general liability premium? If so, this distinction should be made on the RF-3 Summary Sheet. Please explain.
4. Under Risk Management Education, the manual states the applicable credit shall be up to 25% of the policy premium. Please explain the criteria used to determine if an insured receives a 10% credit compared to a 25% credit.

We request receipt of your response by May 16, 2007.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3

5/21/2007

Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO:

Gayle.Neuman@illinois.gov

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

5/21/2007

Neuman, Gayle

From: DSowell@FFIC.COM
Sent: Friday, May 11, 2007 1:03 PM
To: Neuman, Gayle
Subject: Re: Rate Filing #CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association
Attachments: 5-11-07 Objection Response.pdf

Ms. Neuman,

Please review the attached responses to your May 4, 2007 email. Let me know if you need any additional information.

Thank you.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <DSowell@ffic.com>

cc

05/04/2007 09:47 AM

Subject Rate Filing #CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

The Department is in receipt of the above referenced filing number submitted by letter dated April 6, 2007. The submission is not acceptable for filing in Illinois due to the following reason (s):

1. Under Section 1. Application, the manual indicates rating rules are not provided for optometrist and respiratory therapists. Please explain.
2. Please confirm that Medical Technologist, Occupational Therapist and Respirary Therapist are all charged the rate listed as there is not any territory distinction.
3. Is part of the premium representing general liability premium? If so, this distinction should be made on the RF-3 Summary Sheet. Please explain.

5/14/2007

4. Under Risk Management Education, the manual states the applicable credit shall be up to 25% of the policy premium. Please explain the criteria used to determine if an insured receives a 10% credit compared to a 25% credit.

We request receipt of your response by May 16, 2007.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3

Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO:

Gayle.Neuman@illinois.gov

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

5/14/2007



May 11, 2007

Ms. Gayle Neuman
Illinois Department of Financial and Professional Regulation
Division of Insurance
320 West Washington Street
Springfield, Illinois 62767

RE: Chicago Insurance Company - NAIC #: 0761-22810 - FEIN #: 36-6042949
Miscellaneous Therapists Professional Liability – Rate Filing
Allied Health Purchasing Group Association
Company Filing Number: CGIL MT IL 08 07 RA
Effective Date: August 1, 2007

Dear Ms. Neuman,

Please review our responses to your May 4, 2007 email and let me know if you need any additional information.

1. Under Section 1. Application, the manual indicates rating rules are not provided for optometrist and respiratory therapists. Please explain.

The rating rules for Optometrists and Respiratory Therapists have been previously filed and approved. No changes are being requested at this time. Therefore, the rating rules were not included in the filing.

2. Please confirm that Medical Technologist, Occupational Therapist and Respiratory Therapist are all charged the rate listed as there is not any territory distinction.

There is no territory distinction for Medical Technologist, Occupational Therapist and Respiratory Therapist.

3. Is part of the premium representing general liability premium? If so, this distinction should be made on the RF-3 Summary Sheet. Please explain.

The premium is representing Professional Liability Premium only. General Liability is an optional coverage with a separate rate for most professions.

Fireman's Fund
Insurance Companies
A member of the
Allianz Group

Fireman's Fund Insurance Company
33 West Monroe St
Ste 1200
Chicago, IL 60603-9911

Page 2
Ms. Gayle Neuman
May 11, 2007

4. Under Risk Management Education, the manual states the applicable credit shall be up to 25% of the policy premium. Please explain the criteria used to determine if an insured receives a 10% credit compared to a 25% credit.

Included are the revised Rating Rules. The Risk Management Education credit has been revised to state "up to 10%".

If you have any additional questions please do not hesitate to contact me at 312-456-5146 or dsowell@ffic.com.

Respectfully,



Diane Sowell
Regulatory Affairs Lead

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals - Illinois
Rating Rule Manual
Effective 08-01-2007

1. **Application:**
This manual contains the rating rules for all members of this purchasing group, except for the following classes: Allied Health Professionals other than Physical Therapist, Optometrist and Mental Health Specialists, Respiratory Therapists, Rehabilitation Therapists and Student Blanket.
2. **Limits:**
The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.
3. **Rounding:**
Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
 \$.49 or less shall be dropped;
 \$.50 or more shall be rounded to the next whole dollar.
4. **Changes:**
Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.
5. **Decreased or Increased Limits:**
The following Decreased or Increases Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals - Illinois
Rating Rule Manual
Effective 08-01-2007

6. **Exposure Reduction:**

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Athletic Trainer

Dietician

Occupational Therapist

Pharmacists

b.) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals - Illinois
Rating Rule Manual
Effective 08-01-2007

10. Policy Premium:

The sum of the premiums developed by rules: 7, 8, 9 and 10 is the policy premium.

11. Group Size:

Except for Occupational Therapists, practices which insure more than one professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. Risk Management Education:

Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 10% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

13. Additional Limits:

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

14. Quarterly installments:

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
- c. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- d. Each installment fee paid is fully earned.
- e. No interest charges
- f. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.
- g. Installment payments are due 3, 6 and 9 months from policy inception.

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

Allied Health Professionals - Illinois

Rating Rule Manual

Effective 08-01-2007

1. **Application:**

This manual contains the rating rules for all members of this purchasing group, except for the following classes: Allied Health Professionals other than Physical Therapist, Optometrist and Mental Health Specialists, Respiratory Therapists, Rehabilitation Therapists and Student Blanket.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Decreased or Increased Limits:**

The following Decreased or Increases Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals - Illinois
Rating Rule Manual
Effective 08-01-2007

6. **Exposure Reduction:**

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Athletic Trainer

Dietician

Occupational Therapist

Pharmacists

b.) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals - Illinois
Rating Rule Manual
Effective 08-01-2007

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 is the policy premium.

11. **Group Size:**

Except for Occupational Therapists, practices which insure more than one professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. **Risk Management Education:**

Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

13. **Additional Limits:**

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

14. **Quarterly installments:**

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
- c. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- d. Each installment fee paid is fully earned.
- e. No interest charges
- f. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.
- g. Installment payments are due 3, 6 and 9 months from policy inception.

Neuman, Gayle

From: DSowell@ffic.com
Sent: Monday, November 12, 2007 1:31 PM
To: Neuman, Gayle
Subject: RE: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association
Attachments: 8-2006 AHPGA IL Rate Pages - Updated 11-2007.pdf

Ms. Neuman - Per your instructions, I have updated the August 1, 2006 rate pages. Please let me know if you need any additional information.

Thank you.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <DSowell@ffic.com>

cc

10/18/2007 10:53 AM

Subject RE: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

Here is how we propose to fix this issue. We will simply supersede the optometrist section and remove the previous manual pages, as it will be in the 8/1/07 filing. On the Allied Health Professionals 8/1/06 filing, we request you simply remove the medical technologist, occupational therapist, and respiratory therapist from those manual pages - you could insert in their place if you choose "see miscellaneous therapist program".

Thank you for your prompt attention.

Gayle Neuman
Division of Insurance

From: DSowell@FFIC.COM [mailto:DSowell@FFIC.COM]
Sent: Wednesday, October 17, 2007 2:45 PM
To: Neuman, Gayle
Subject: RE: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

11/13/2007

Ms. Neuman - attached are the combined rate pages effective 8/1/07. I've combined the 5/1/06 rates with the changes that occurred in the 8/1/07 filing, so the rate pages now reflect rates in effect as of 8/1/07.

Unfortunately, I don't see a way to combine the rating rules into one file without adding some clarifying wording to distinguish between Allied Health professionals and Optometrists.

Please let me know if the attached rate pages is acceptable.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@Illinois.gov>

10/09/2007 09:13 AM

To <DSowell@ffic.com>

cc

Subject RE: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

The first pages are the ones being filed in the filing referenced in the subject line. Then there is a blank page to separate the optometrists section and the allied health professionals section. At this time, all these pages are "filed" - any changes would require a new filing to be submitted.

Please advise at your earliest convenience.

Gayle Neuman
Division of Insurance

From: DSowell@FFIC.COM [mailto:DSowell@FFIC.COM]

Sent: Friday, October 05, 2007 11:40 AM

To: Neuman, Gayle

Subject: Re: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Neuman,

I completely see how this could be confusing, so can you email me the pages you currently have and I'll put them into a format that will be easier to maintain.

11/13/2007

Thanks.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com
"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

10/05/2007 09:09 AM

To <DSowell@ffic.com>
cc
Subject Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

The Director of Insurance has approved the above referenced filing. Notice was sent to Chicago Insurance Company in the mail.

In the current manual pages, there are pages labeled:

1. AHPGA (2 pages) and AHPGA-OPT (3 pages) for Optometrist
2. AHPGA - RES, REH (3 pages) and AHPGA (1 page) for Respiratory Therapists and Rehabilitation Therapists
3. AHPGA (3 pages) and AHPGA (3 pages) for Allied Health Professionals (under which Medical Technologist and Occupational Therapist are included).

First, you can see how extremely difficult the page "labeling" system in place is. Second, it appears pages in 2 and 3 above would require updates because of the filing of the submission referenced in the subject.

Please advise.

Gayle Neuman

Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3

Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO:

11/13/2007

Gayle.Neuman@illinois.gov

Click [here](#) to report this email as spam. [attachment "Chicagomanualpgs.pdf" deleted by Diane H Sowell/FFIC]

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

11/13/2007

Neuman, Gayle

From: DSowell@ffic.com
Sent: Monday, November 05, 2007 12:38 PM
To: Neuman, Gayle
Subject: RE: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Sorry Gayle - I was out of the office longer than I expected. I'll make the changes and forward them to you this week.

Diane H Sowell/FFIC

10/26/2007 03:54 PM

To "Neuman, Gayle" <Gayle.Neuman@illinois.gov>
cc
Subject RE: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association [Link](#)

Ms. Neuman - I will make the changes you've suggested and will forward the updated rate pages to you by Thursday, November 1, 2007.

Thank you.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

10/18/2007 10:53 AM

To <DSowell@ffic.com>
cc
Subject RE: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

Here is how we propose to fix this issue. We will simply supersede the optometrist section and remove the previous manual pages, as it will be in the 8/1/07 filing. On the Allied Health Professionals 8/1/06 filing, we request you simply remove the medical technologist, occupational therapist, and respiratory therapist from those manual pages - you could insert in their place if you choose "see miscellaneous therapist program".

Thank you for your prompt attention.

11/5/2007

Gayle Neuman
Division of Insurance

From: DSowell@FFIC.COM [mailto:DSowell@FFIC.COM]
Sent: Wednesday, October 17, 2007 2:45 PM
To: Neuman, Gayle
Subject: RE: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Neuman - attached are the combined rate pages effective 8/1/07. I've combined the 5/1/06 rates with the changes that occurred in the 8/1/07 filing, so the rate pages now reflect rates in effect as of 8/1/07.

Unfortunately, I don't see a way to combine the rating rules into one file without adding some clarifying wording to distinguish between Allied Health professionals and Optometrists.

Please let me know if the attached rate pages is acceptable.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

10/09/2007 09:13 AM

To <DSowell@ffic.com>
cc
Subject RE: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

The first pages are the ones being filed in the filing referenced in the subject line. Then there is a blank page to separate the optometrists section and the allied health professionals section. At this time, all these pages are "filed" - any changes would require a new filing to be submitted.

Please advise at your earliest convenience.

Gayle Neuman
Division of Insurance

From: DSowell@FFIC.COM [mailto:DSowell@FFIC.COM]
Sent: Friday, October 05, 2007 11:40 AM

11/5/2007

To: Neuman, Gayle

Subject: Re: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Neuman,

I completely see how this could be confusing, so can you email me the pages you currently have and I'll put them into a format that will be easier to maintain.

Thanks.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com
"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <DSowell@ffic.com>

cc

10/05/2007 09:09 AM

Subject Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

The Director of Insurance has approved the above referenced filing. Notice was sent to Chicago Insurance Company in the mail.

In the current manual pages, there are pages labeled:

1. AHPGA (2 pages) and AHPGA-OPT (3 pages) for Optometrist
2. AHPGA - RES, REH (3 pages) and AHPGA (1 page) for Respiratory Therapists and Rehabilitation Therapists
3. AHPGA (3 pages) and AHPGA (3 pages) for Allied Health Professionals (under which Medical Technologist and Occupational Therapist are included).

First, you can see how extremely difficult the page "labeling" system in place is. Second, it appears pages in 2 and 3 above would require updates because of the filing of the submission referenced in the subject.

Please advise.

Gayle Neuman

Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

11/5/2007

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3

Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO:
Gayle.Neuman@illinois.gov

Click [here](#) to report this email as spam. [attachment "Chicagomanualpgs.pdf" deleted by Diane H Sowell/FFIC]

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

11/5/2007

Neuman, Gayle

From: DSowell@FFIC.COM
Sent: Wednesday, October 17, 2007 2:45 PM
To: Neuman, Gayle
Subject: RE: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association
Attachments: 08-01-2007 Allied Health Professionals (incl Optometrists) Rating Manual.pdf

Ms. Neuman - attached are the combined rate pages effective 8/1/07. I've combined the 5/1/06 rates with the changes that occurred in the 8/1/07 filing, so the rate pages now reflect rates in effect as of 8/1/07.

Unfortunately, I don't see a way to combine the rating rules into one file without adding some clarifying wording to distinguish between Allied Health professionals and Optometrists.

Please let me know if the attached rate pages is acceptable.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <DSowell@ffic.com>

cc

10/09/2007 09:13 AM

Subject RE: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

The first pages are the ones being filed in the filing referenced in the subject line. Then there is a blank page to separate the optometrists section and the allied health professionals section. At this time, all these pages are "filed" - any changes would require a new filing to be submitted.

Please advise at your earliest convenience.

Gayle Neuman
Division of Insurance

From: DSowell@FFIC.COM [mailto:DSowell@FFIC.COM]
Sent: Friday, October 05, 2007 11:40 AM

10/18/2007

To: Neuman, Gayle

Subject: Re: Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Neuman,

I completely see how this could be confusing, so can you email me the pages you currently have and I'll put them into a format that will be easier to maintain.

Thanks.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

10/05/2007 09:09 AM

To <DSowell@ffic.com>

cc

Subject Filing CGIL MT IL 08 07 RA - Misc. Therapists - Allied Health Purchasing Group Association

Ms. Sowell,

The Director of Insurance has approved the above referenced filing. Notice was sent to Chicago Insurance Company in the mail.

In the current manual pages, there are pages labeled:

1. AHPGA (2 pages) and AHPGA-OPT (3 pages) for Optometrist
2. AHPGA - RES, REH (3 pages) and AHPGA (1 page) for Respiratory Therapists and Rehabilitation Therapists
3. AHPGA (3 pages) and AHPGA (3 pages) for Allied Health Professionals (under which Medical Technologist and Occupational Therapist are included).

First, you can see how extremely difficult the page "labeling" system in place is. Second, it appears pages in 2 and 3 above would require updates because of the filing of the submission referenced in the subject.

Please advise.

Gayle Neuman

Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

10/18/2007

Please refer to the Property and Casualty Review Requirement Checklists before submitting any filing. The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3

Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO:

Gayle.Neuman@illinois.gov

Click [here](#) to report this email as spam. [attachment "Chicagomanualpgs.pdf" deleted by Diane H Sowell/FFIC]

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 08/01/2007

PROFESSIONAL LIABILITY PREMIUM

Occupation	1M / 3M
ART, DANCE, DRAMA, & MUSIC THERAPIST Employed/Employee Self-employed Part-time	84 318 141
ATHLETIC TRAINER, MASSAGE & OTHER THERAPISTS (including CORRECTIVE THERAPIST, HELLER WORKER, ROLFER, STRUCTURAL BODY WORKER) Employed/Employee Self-employed Part-time	213 1,032 439
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST - SEE SEPARATE RATE PAGE	
CPR TRAINER Employed/Employee Self-employed	84 318
DENTAL HYGIENIST/ASSISTANT - SEE SEPARATE RATE PAGE	
DIETICIAN & NUTRITIONIST Employed/Employee Self-employed Part-time	76 283 132
ELECTROLOGIST Employed Employee Self-employed Part-time	104 125 478 212
INTERPRETER FOR THE DEAF Employed/Employee Self-employed	63 116
MEDICAL TECHNOLOGIST Employed Employee Self-employed Full-time Self-employed Part-time	114 138 526 233
NURSE - SEE SEPARATE RATE PAGE	

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 08/01/2007

PROFESSIONAL LIABILITY PREMIUM - continued

Occupation	1M / 3M
OCCUPATIONAL THERAPIST	
Employed/Employee	85
Self-employed Full-time	270
Self-employed Part-time	126
OPTICIAN	
Employed	209
Self-employed	359
Part-time	269
OPTOMETRIST	
TERRITORY I	
Self-employed Full-time	613
Self-employed Part-time	460
Employed	511
Alabama, Alaska, Arizona, Arkansas, Delaware, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Mississippi, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming	
TERRITORY II	
Self-employed Full-time	736
Self-employed Part-time	552
Employed	613
Colorado, Georgia, Illinois - other than Cook County, Massachusetts - other than Norfolk and Suffolk Counties, Michigan - other than Wayne County, Minnesota, Missouri, Nevada, New Jersey - other than Camden, Hudson, Essex, Union, and Mercer Counties, Pennsylvania - other than Philadelphia County, Texas - other than Dallas and Harris Counties	
TERRITORY III	
Self-employed Full-time	1,172
Self-employed Part-time	880
Employed	977
Illinois - Cook County, Louisiana, Massachusetts - Norfolk and Suffolk Counties, New Jersey - Camden, Hudson, Essex, Union, and Mercer Counties, Pennsylvania - Philadelphia County, Texas - Dallas and Harris Counties	
TERRITORY IV	
Self-employed Full-time	2,066
Self-employed Part-time	1,550
Employed	1,722
Connecticut, District of Columbia, Michigan - Wayne County	

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 08/01/2007
PROFESSIONAL LIABILITY PREMIUM - continued

Occupation	1M / 3M
ORTHOPEDIC TECHNICIAN	
Self-employed	938
Part-time	399
ORTHOTIST	
Employed	194
PHARMACIST	
Employed	151
Self-employed Consulting	407
Part-time	197
PHYSICIAN ASSISTANT - SEE SEPARATE RATE PAGE	
RESPIRATORY THERAPIST	
Employed/Employee	92
Self-employed Full-time	350
Self-employed Part-time	210
RETAIL DRUGGIST	
Employee	151
Self-employed	407
Part-time	197
SPORTS MEDICINE THERAPIST	
Employed/Employee	314
Self-employed	1,383

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 08/01/2007

ADDITIONAL INSURED'S PROFESSIONAL LIABILITY PREMIUM

Occupation	1M / 3M
ALL ALLIED HEALTH PROFESSIONALS	156
SPORTS MEDICINE THERAPIST	192

GENERAL LIABILITY PREMIUM

Occupation	1M / 3M
ALL ALLIED HEALTH PROFESSIONALS	
First Location	120
per Additional Location	50

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

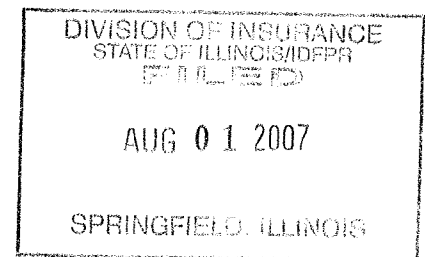
Allied Health Professionals - Illinois

Rating Rule Manual

Effective 08-01-2007

1. **Application:**
This manual contains the rating rules for all members of this purchasing group, except for the following classes: Allied Health Professionals other than Physical Therapist, Optometrist and Mental Health Specialists, Respiratory Therapists, Rehabilitation Therapists and Student Blanket.
2. **Limits:**
The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.
3. **Rounding:**
Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
 \$.49 or less shall be dropped;
 \$.50 or more shall be rounded to the next whole dollar.
4. **Changes:**
Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.
5. **Decreased or Increased Limits:**
The following Decreased or Increases Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals - Illinois
Rating Rule Manual
Effective 08-01-2007

6. Exposure Reduction:

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a.) Newly Graduating Professionals:

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Athletic Trainer

Dietician

Occupational Therapist

Pharmacists

b.) Part-time Practice:

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. General Liability Premium:

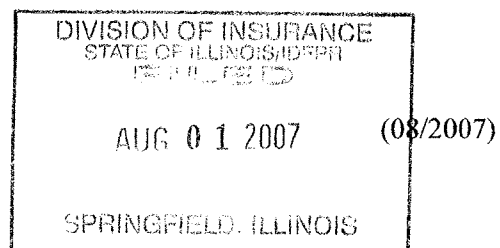
Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals - Illinois
Rating Rule Manual
Effective 08-01-2007

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 is the policy premium.

11. **Group Size:**

Except for Occupational Therapists, practices which insure more than one professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. **Risk Management Education:**

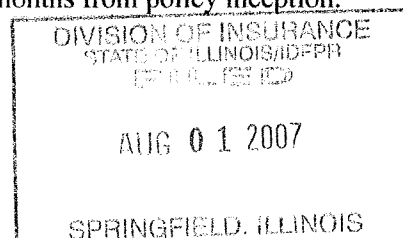
Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be 10% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

13. **Additional Limits:**

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

14. **Quarterly installments:**

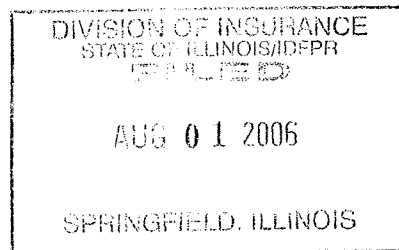
- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
- c. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- d. Each installment fee paid is fully earned.
- e. No interest charges
- f. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.
- g. Installment payments are due 3, 6 and 9 months from policy inception.



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 10-1-06

1. **Application:**
This manual contains the rating rules for all individual and group Optometric members of this purchasing group.
2. **Limits:**
The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.
3. **Rounding:**
Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.
4. **Changes:**
Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.
5. **Decreased or Increased Limits:**
The following Decreased or Increased Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 10-1-06

6. **Exposure Reduction:**

Reduced rates apply to Optometrists engaged in practices that reduce the risk of loss. If an Optometrist qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual Optometrists who have graduated within one year prior to the policy effective date. The rate for such Optometrists shall be 25% of the rate shown on the rate page.

b.) **Part-time Practice:**

Part-time rates apply to Optometrists practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed/employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

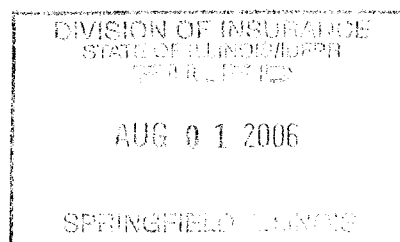
9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 above is the policy premium.

11. **Group Size:**



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 10-1-06

Practices that consist of more than one ratable Optometric professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such group policy. This credit shall be applied to the policy premium according to the following schedule:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. Risk Management Education:

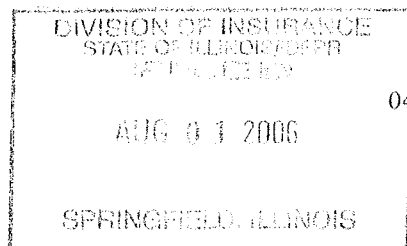
Optometrists are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the ratable professionals must have attended a “seminar” for this credit to apply.

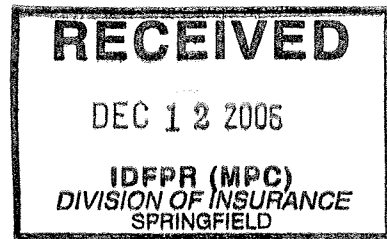
13. Additional Insurance:

Premium is reduced for self-employed Optometrists obtaining office package insurance coverage from FFIC. The premium for such policies is 84% of the policy premium.

14. Quarterly installments:

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
- c. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- d. Each installment fee paid is fully earned.
- e. No interest charges
- f. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

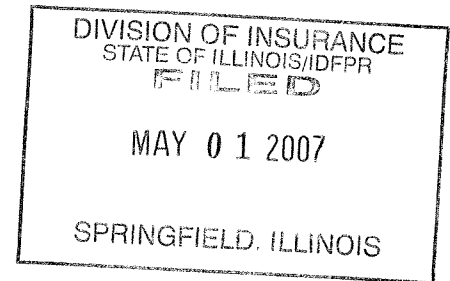




November 30, 2006

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Financial and Professional Regulation
Division of Insurance
320 West Washington Street
Springfield, Illinois 62767

Attention: Mr. John Gatlin
Supervisor, Property and Casualty Compliance Unit



RE: Chicago Insurance Company - NAIC #: 0761-22810 - FEIN #: 36-6042949
Physical Therapists Professional Liability – Rate/Rule Filing
Allied Health Purchasing Group Association
Health Care Professions Purchasing Group Association
Company Filing Number: CGIL PT IL 05 07 RR
Effective Date: May 1, 2007

Dear Mr. Gatlin,

Chicago Insurance Company submits for your review and approval revised rates designed for use with our Physical Therapists Professional Liability program.

The overall, countrywide rate effect of these changes is an increase of +8.9% to the Physical Therapists program.

+ 4.6% - Illinois

In support of this revision you will find our actuarial memorandum and exhibits, the required state specific forms, and our revised rate pages and rating rules.

We request the filing be approved for all policies effective on or after May 1, 2007.

If there are any questions regarding the submission, please do not hesitate to contact me at 312-456-5146 or dsowell@ffic.com.

Respectfully,

Diane Sowell
Regulatory Affairs Lead

Fireman's Fund
Insurance Companies
A member of the
Allianz Group

Fireman's Fund Insurance Company
33 West Monroe Street
Suite 1200
Chicago, IL 60603-5316

ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, _____ (Name of officer typed or printed) LESLIE SVOBODA, a duly authorized officer of FFIC (Name of Insurer typed or printed) _____, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, _____ (Name of actuary typed or printed) JAYME STUBITZ a duly authorized actuary of FFIC (Name of actuary firm typed or printed) _____ am authorized to certify on behalf of (Name of Insurance Company) making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Leslie SVOBODA VICE PRESIDENT, ACAS, MAAA

Signature and Title of Authorized Insurance Company Officer
Date

Jayme Stubit, ACTUARIAL DIRECTOR, ACAS, MAAA
Signature, Title and Designation of Authorized Actuary
Date

Insurance Company FEIN 36-6042949

Filing Number CGIL PT IL 05 07 Rf

Insurer's Address

33 West Monroe Street, Suite 1200

City Chicago

State IL

Zip

Code 60603

Contact Person's:

-Name and E-mail

Diane Sowell dsowell@ffic.com

-Direct Telephone and Fax

Number 312-456-5146 Fax: 866-613-6395

Property & Casualty Transmittal Document (Revised 1/1/06)**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

h. Subject Codes

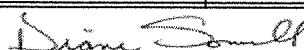
3. Group Name	Fireman's Fund Insurance Companies			Group NAIC #	0761
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Chicago Insurance Company	IL	22810	36-6042949		

5. Company Tracking Number	CGIL PT IL 05 07 RR
-----------------------------------	----------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	Fax #	e-mail
	Diane Sowell 33 W. Monroe St. Chicago, IL 60603	Analyst	800-255-2096 ext. 455146	866-613- 6395	dsowell@ffic.com

7. Signature of authorized filer



8. Please print name of authorized filer

Diane Sowell

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Medical Malpractice – Occurrence Only			
10. Sub-Type of Insurance (Sub-TOI)	Physical Therapy			
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)	Physical Therapists Professional Liability			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other _____			
14. Effective Date(s) Requested	New:	05/01/2007	Renewal:	05/01/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title	N/A			
18. Company's Date of Filing	11/30/2006			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	CGIL PT IL 05 07 RR
-----	---	---------------------

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
<p>Chicago Insurance Company submits for your review and approval revised rates designed for use with our Physical Therapists Professional Liability program.</p> <p>The overall, countrywide rate effect of these changes is an increase of +8.9% to the Physical Therapists program.</p> <p>In support of this revision you will find our actuarial memorandum and exhibits, the required state specific forms, and our revised rate pages and rating rules.</p> <p>We request the filing be approved for all policies effective on or after May 1, 2007.</p> <p>If there are any questions regarding the submission, please do not hesitate to contact me at 312-456-5146 or dsowell@ffic.com.</p>	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]				
<table><tr><td>Check #:</td><td>N/A</td></tr><tr><td>Amount:</td><td>N/A</td></tr></table> <div></div>		Check #:	N/A	Amount:	N/A
Check #:	N/A				
Amount:	N/A				
<p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>					
<p>***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)</p>					

Neuman, Gayle

From: DSowell@ffic.com
Sent: Friday, December 29, 2006 9:23 AM
To: Neuman, Gayle
Subject: Re: Rate/Rule Filing #CGIL PT IL 05 07 RR
Attachments: ILRF3 Amended.pdf

Ms. Neuman,

I have attached an amended RF-3 that includes the effective date on the first line. I removed the \$24,420 as that amount represented the change in written premium as a result of this increase.

Let me know if you need anything additional.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <DSowell@ffic.com>

cc

12/29/2006 09:10 AM

Subject Rate/Rule Filing #CGIL PT IL 05 07 RR

Ms. Sowell,

At your earliest convenience, we need you to submit a corrected RF-3 for this filing. The first sentence should indicate the effective date of the rate increase/decrease/change. Please explain what the \$24,420 amount is to represent.

Your immediate attention is appreciated.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please Note:

12/29/2006

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

12/29/2006

Neuman, Gayle

From: DSowell@FFIC.COM
Sent: Thursday, December 28, 2006 10:38 AM
To: Neuman, Gayle
Subject: RE: Rate/Rule Filing #CGIL PT IL 05 07 RR

Ms. Neuman - I just wanted to clarify that the 11 insureds mentioned is countrywide and not specific to Illinois.

Thank you.

Diane H Sowell/FFIC

12/27/2006 01:40 PM

To "Neuman, Gayle" <Gayle.Neuman@Illinois.gov>
cc
Subject RE: Rate/Rule Filing #CGIL PT IL 05 07 RR [Link](#)

Ms. Neuman,

The answer would be yes. The rating rules 10a and 10b can be applied to allow for up to 50% credit. However, we have not had an instance where the underwriting criteria has been met requiring such a credit or debit, and have only had a total of 11 insureds that met the criteria for credit/debit in the last year.

Let me know if you need anything additional.

Thank you.

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@Illinois.gov>

12/20/2006 02:37 PM

To <DSowell@ffic.com>
cc
Subject RE: Rate/Rule Filing #CGIL PT IL 05 07 RR

Ms. Sowell,

Thank you for your response.

12/28/2006

I have just one follow-up question at this time. In regard to #4, I was trying to ask if, between Rule 10a and 10b combined, there was a maximum credit discount. So, do you allow up to a +50% credit between both rules?

Your prompt attention is appreciated.

From: DSowell@FFIC.COM [mailto:DSowell@FFIC.COM]
Sent: Wednesday, December 20, 2006 11:36 AM
To: Neuman, Gayle
Subject: Re: Rate/Rule Filing #CGIL PT IL 05 07 RR

Ms. Neuman,

Attached is our response to your December 14, 2006 email. Please let me know if you need any additional information.

Thank you and have a wonderful holiday!

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

12/14/2006 11:34 AM

To <DSowell@ffic.com>

cc

Subject Rate/Rule Filing #CGIL PT IL 05 07 RR

Ms. Sowell,

We are in receipt of the above referenced filing submitted by your letter dated November 30, 2006 (although not received by the Division of Insurance until December 12, 2006).

Please address the following issues/questions:

1. In regard to the filing referenced above, please indicate if your company has a plan for the gathering of statistics or the

12/28/2006

reporting of statistics to statistical agencies? If yes, what stat agency is being used?

2. We require a written statement certifying that the insurance company does not unfairly discriminate in offering or administering this program.

3. Do you offer any deductible plans?

4. Does the Modification Schedule have a maximum credit discount?

5. In regard to the quarterly premium payment installment option, we request wording be added to clarify that the installment payments are due 3, 6 and 9 months from policy inception.

6. On the rate pages provided for each purchasing group association, is this the premium for claims-made coverage or occurrence coverage? The page should be edited to include such information. Are both types of coverage offered? If claims-made coverage is offered, the manual pages do not include any information about the extended reporting period required for claims-made coverage. Is the general liability written on a claims-made or occurrence basis? Please refer to the checklist for specifics.

We request receipt of your response by December 28, 2006. Your cooperation is appreciated.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

12/28/2006

Neuman, Gayle

From: DSowell@FFIC.COM
Sent: Wednesday, December 20, 2006 11:36 AM
To: Neuman, Gayle
Subject: Re: Rate/Rule Filing #CGIL PT IL 05 07 RR
Attachments: 12-20-06 CGIL PT IL 05 07 RR.pdf

Ms. Neuman,

Attached is our response to your December 14, 2006 email. Please let me know if you need any additional information.

Thank you and have a wonderful holiday!

Diane Sowell
Regulatory Affairs Lead
Fireman's Fund Insurance Company
Direct: 312.456.5146
Facsimile: 866.613.6395
Email: dsowell@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <DSowell@ffic.com>

cc

12/14/2006 11:34 AM

Subject Rate/Rule Filing #CGIL PT IL 05 07 RR

Ms. Sowell,

We are in receipt of the above referenced filing submitted by your letter dated November 30, 2006 (although not received by the Division of Insurance until December 12, 2006).

Please address the following issues/questions:

1. In regard to the filing referenced above, please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
2. We require a written statement certifying that the insurance company does not unfairly discriminate in offering or administering this program.
3. Do you offer any deductible plans?
4. Does the Modification Schedule have a maximum credit discount?

12/20/2006

5. In regard to the quarterly premium payment installment option, we request wording be added to clarify that the installment payments are due 3, 6 and 9 months from policy inception.

6. On the rate pages provided for each purchasing group association, is this the premium for claims-made coverage or occurrence coverage? The page should be edited to include such information. Are both types of coverage offered? If claims-made coverage is offered, the manual pages do not include any information about the extended reporting period required for claims-made coverage. Is the general liability written on a claims-made or occurrence basis? Please refer to the checklist for specifics.

We request receipt of your response by December 28, 2006. Your cooperation is appreciated.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.



December 20, 2006

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Financial and Professional Regulation
Division of Insurance
320 West Washington Street
Springfield, Illinois 62767

Attention: Ms. Gayle Neuman

RE: Chicago Insurance Company - NAIC #: 0761-22810 - FEIN #: 36-6042949
Physical Therapists Professional Liability – Rate/Rule Filing
Allied Health Purchasing Group Association
Health Care Professions Purchasing Group Association
Company Filing Number: CGIL PT IL 05 07 RR
Effective Date: May 1, 2007

Dear Ms. Neuman,

Please review our responses to your December 14, 2006 email and let me know if you need any additional information.

1. *In regard to the filing referenced above, please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*

Yes, Chicago Insurance Company has a plan for the gathering of statistics and the reporting of statistics to statistical agents. Our statistical agent is National Independent Statistical Service (NISS).

2. *We require a written statement certifying that the insurance company does not unfairly discriminate in offering or administering this program.*

We, Chicago Insurance Company, certify that our proposed rates are reasonable and not excessive, inadequate, or unfairly discriminatory.

3. *Do you offer any deductible plans?*

We currently do not offer any deductible plans.

**Fireman's Fund
Insurance Companies**
A member of the
Allianz Group

Fireman's Fund Insurance Company
33 West Monroe Street
Suite 1200
Chicago, IL 60603-5316

Page 2
Ms. Gayle Neuman

4. *Does the Modification Schedule have a maximum credit discount?*

Yes, Rule 10a., Loss Control/Risk Management Education: Range of 0% to 25% premium discount. Rule 10b., Claims Experience: Range of +25% to -25% premium debit/credit.

5. *In regard to the quarterly premium payment installment option, we request wording be added to clarify that the installment payments are due 3, 6 and 9 months from policy inception.*

The Illinois Rating Rules – Rule 16.g. has been amended to include the required wording.

6. *On the rate pages provided for each purchasing group association, is this the premium for claims-made coverage or occurrence coverage? The page should be edited to include such information. Are both types of coverage offered? If claims-made coverage is offered, the manual pages do not include any information about the extended reporting period required for claims-made coverage. Is the general liability written on a claims-made or occurrence basis? Please refer to the checklist for specifics.*

The premium displayed on the rate pages is for occurrence coverage. We have revised the pages to indicate the occurrence wording. The only coverage available is occurrence.

If there are any questions regarding the submission, please do not hesitate to contact me at 312-456-5146 or dsowell@ffic.com.

Respectfully,



Diane Sowell
Regulatory Affairs Lead

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Physical Therapist Program
Rates
Effective 5/01/2007

PROFESSIONAL LIABILITY PREMIUM

Occupation:

1M / 3M

PHYSICAL THERAPIST	
Employed	182
Self-employed	576
PHYSICAL THERAPY AIDE/ASSISTANT	
Employed/Employee	80
Self-employed	270
EMPLOYEES OF PHYSICAL THERAPY GROUPS	375
INDEPENDENT CONTRACTOR TO PHYSICAL THERAPY GROUP	50
OWNER OF A GROUP	576

OPTIONAL COVERAGES

1M / 3M

General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insurdes - Professional Liability Only	125
Additional Insurdes - Professional Liability and General liability	150

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007**

1. Application:

This manual contains the rating rules for all individual Physical Therapist (including Physical Therapy Assistants) members and to groups of Physical Therapists in this purchasing group.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The following Decreased or Increased Limit Factors (DLF's or ILFs) apply to the
\$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals. The sum of these products is the total professional liability premium.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007

7. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

8. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

9. Independent Contractors Premium:

Premium is computed by multiplying the applicable rate by the number of independently contracted healthcare professionals providing services on behalf of the insured.

10. Modification Schedule:

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

10a. Loss Control/Risk Management Education: Range of 0% to 25%

Physical therapists and physical therapy assistants are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

10b. Claims Experience: Range of +25% to -25%

Based on frequency and severity of claims, including the types and trends for each individual

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007

insured professional and the insured entity as a whole.

11. Additional Limits:

Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

12. Converting from a Claims-Made Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts Period	Prepaid Factor
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

13. Converting to an Occurrence Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pay on an installment basis:

Prior Acts <u>Period</u>	Reporting Period Factors		
	Year 1	Year 2	Year 3
1 Year Prior	0.46	0.26	0.11
2 Years Prior	0.72	0.32	0.14
3 Years Prior	0.78	0.35	0.15
4+ Years Prior	0.81	0.35	0.15

14. Groups:

For purposes of rating, a Group is defined as more than one professional practicing together. An additional 1.15 multiplying factor will be applied to each group policy premium.

15. Workers Compensation Exposure:

The Workers Compensation (WC) exposure is determined by the percentage of time spent by

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007**

an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40% a 1.20 multiplying factor will be applied to the total premium.

16. Quarterly installments:

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
- c. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- d. Each installment fee paid is fully earned.
- e. No interest charges
- f. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
Physical Therapist Program - Annual Rates
Effective 5/01/2007

PROFESSIONAL LIABILITY PREMIUM

Occupation	1M / 3M
PHYSICAL THERAPIST	
Employed	182
Self-employed	576
PHYSICAL THERAPY AIDE/ASSISTANT	
Employed/Employee	80
Self-employed	270
EMPLOYEES OF PHYSICAL THERAPY GROUPS	375
INDEPENDENT CONTRACTORS TO PHYSICAL THERAPY GROUPS	50
OWNER OF A GROUP	576

OPTIONAL COVERAGES

1M / 3M

General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007

1. Application:

This manual contains the rating rules for all individual Physical Therapist (including Physical Therapy Assistants) members and to groups of Physical Therapists in this purchasing group.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The following Decreased or Increased Limit Factors (DLF's or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals. The sum of these products is the total professional liability premium.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007

7. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

8. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

9. Independent Contractors Premium:

Premium is computed by multiplying the applicable rate by the number of independently contracted healthcare professionals providing services on behalf of the insured.

10. Modification Schedule:

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

10a. Loss Control/Risk Management Education: Range of 0% to 25%

Physical therapists and physical therapy assistants are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

10b. Claims Experience: Range of +25% to -25%

Based on frequency and severity of claims, including the types and trends for each individual

The Fireman's Fund Insurance Companies

Rate Filing Effective May 1, 2007 Actuarial Memorandum Physical Therapists Professional Liability

Please find attached actuarial support for the following rate changes:

1. We are requesting a +10.0% base rate increase to all Employed Physical Therapists.
2. We are requesting a +20.0% base rate increase to all Self-Employed Physical Therapists.

We estimate that this will have an increased rate effect on 100% of Self-Employed Physical Therapists and 10% of Physical Therapy Group Practices. Therefore, the rate effect of this particular change would be:

- +20.0% to Self-Employed Physical Therapists
- +2.0% to Physical Therapy Group Practices.

3. We are introducing a +20.0% debit for Self-Employed Physical Therapists and Physical Therapy Groups that provide 40% or more of their services to Workers' Compensation patients.

In reviewing our claims information we found that Physical Therapists who are working with workers' compensation patients represent a higher risk.

Specifically, we reviewed all Self-Employed Physical Therapists losses (open and closed) with a gross incurred amount greater than \$25,000 for accident years 2001 – 2005. We found that nearly 30% of the reported claims (10 of 34) and more than 50% of the loss dollars (\$2,886,046 vs. \$5,639,793) of these claims were workers' compensation related. That implies a workers' compensation related severity of \$288,605 versus a non-workers' compensation severity of \$114,739. Therefore, our proposed +20.0% debit seems reasonable.

While we do not currently capture any insured information regarding workers' compensation patients, we estimate that this will have an increased rate effect on 10% of Self-Employed Individuals and 10% of Physical Therapy Group Practices. Therefore, the rate effect of this particular change would be:

- +2.0% to Self-Employed Physical Therapists
- +2.0% to Physical Therapy Group Practices.

Based on the three items listed above, the overall rate effect for each group would be:

- +10.0% to all Employed Physical Therapists,
- +22.4% to all Self-Employed Physical Therapists and
- +4.0% to all Physical Therapy Group Practices.

The overall, countrywide rate effect of these changes is an increase of +8.9% to the Physical Therapists program.

Our indications are developed on the attached exhibits. The exhibits provide the detailed backup for the various factors used to develop the indications. In general, our individual state experience lacks sufficient credibility to develop indications at the state level so our analysis is predicated on countrywide data. We included data from our overall Physical Therapists program when choosing trend factors and loss development factors.

The rate increase we are requesting is the overall countrywide rate. The proposed rate increase would be applied countrywide.

The evaluation date of the Accident Year data that is being utilized in the rate level indication is as of September 30, 2006.

Exhibit 1
The Fireman's Fund Insurance Companies
Physical Therapists Professional Liability
Development of Rate Indication

(1) Countrywide Experience Loss & ALAE Ratio	59.5%
(2) Number of Projected Ultimate Claims	596
(3) Credibility of Countrywide Experience	93.4%
(4) Complement of Credibility	6.6%
(5) Permissible Loss & ALAE Ratio	48.9%
(6) Trended Permissible Loss & ALAE Ratio	51.2%
(7) Credibility Weighted Loss & ALAE Ratio	59.0%
(8) Credibility Weighted Rate Indication	20.6%
(9) Selected Rate Change	8.9%

Notes:

- (1) From Exhibit 2, Row 16
- (2) Total from Column (7) of Exhibit 2.
- (3) Minimum of 1.00 or $\{ (2) / 683 \} ^{0.5}$.
- (4) $= 1 - (3)$
- (5) From Exhibit 7, Row 11
- (6) $= (5)$ trended since the date of the last rate change (6/1/05).
- (7) $= \{ (1) \times (3) \} + \{ (4) \times (6) \}$
- (8) $= [(7) / (5)] - 1$

Exhibit 2
The Fireman's Fund Insurance Companies
Physical Therapists Professional Liability

Ratemaking Calculations
Countrywide

Accident Year	(1) Earned Premium	(2) On-Level Factors	(3) On-Level Earned Premium	(4) Paid Loss and ALAE	(5) Case Reserves	(6) Reported Loss and ALAE	(7) Ultimate Claim Counts
2001	5,882,553	1.598	9,402,673	5,172,000	290,000	5,462,000	152
2002	5,874,059	1.598	9,389,097	2,521,000	2,005,000	4,526,000	124
2003	5,662,962	1.598	9,051,678	1,944,000	755,000	2,699,000	129
2004	5,649,859	1.387	7,833,891	1,387,000	780,000	2,167,000	102
2005	6,419,206	1.110	7,122,220	164,000	317,000	481,000	89
Total	29,488,640		42,799,559	11,188,000	4,147,000	15,335,000	596

Accident Year	(8) Paid Link Ratio	(9) Projected Ultimate Losses	(10) Pd Bornhuetter-Ferguson	(11) Pd Bornhuetter-Ferguson	(12) Selected Ultimate Losses	(13) Trend Factors	(14) Trended Selected Ultimate Losses	(15) Ultimate Loss Ratio
2001	5,904,148	5,677,094			5,790,621	1.181	6,838,581	72.7%
2002	3,742,677	5,407,891			4,575,284	1.153	5,273,399	56.2%
2003	4,474,602	4,192,897			4,333,749	1.125	4,874,926	53.9%
2004	6,385,748	4,714,525	3,653,226	3,731,351	4,621,213	1.098	5,073,316	64.8%
2005	3,020,224	2,302,643	3,274,646	3,083,161	3,178,903	1.071	3,406,003	47.8%
Total	23,527,399	22,295,050	6,927,872	6,814,512	22,499,770		25,466,225	59.5%

(16) Experience Loss and ALAE Ratio 59.5%

Notes

- (2) Based on historical rate changes; see Exhibit 4.
(3) = (1) x (2)
(8)-(9) Based on loss development factors in Exhibit 5.
(10)-(11) A priori loss ratio = permissible loss ratio trended since the last rate change (6/1/05).
(12) Selected judgmentally based on (8) - (11).
(13) From Exhibit 6.
(14) = (12) x (13)
(15) = (14) / (3)

Exhibit 3
The Fireman's Fund Insurance Companies
Physical Therapists Professional Liability
Rate Indications by Class

(1) Accident Year	(2) Earned Premium	(3) On-Level Factors	(4) On-Level Earned Premium	Employed Physical Therapists			(8) Ultimate Trended Loss & ALAE	(9) Ultimate Trended On-Level Loss Ratio	(10) Relativity	(11) Indicated Rate Change	(12) Selected Rate Change
				(5) Incurred Loss & ALAE	(6) Trend Factors	(7) Incurred Loss Development Factors					
2001	\$805,414	1.071	\$862,599	\$847,597	1.181	1.039	\$1,040,411	120.61%			
2002	756,119	1.071	809,804	30,329	1.153	1.195	41,768	5.16%			
2003	706,187	1.071	756,326	1,280	1.125	1.554	2,237	0.30%			
2004	676,731	1.043	705,601	127,893	1.098	2.176	305,466	43.29%			
2005	682,251	1.001	682,604	17,511	1.071	4.787	89,817	13.16%			
Total	\$3,626,702		\$3,816,934	\$1,024,611			\$1,479,699	38.8%	0.646	13.3%	10.0%
Self Employed Physical Therapists											
2001	\$1,673,547	1.433	\$2,397,356	\$1,165,096	1.181	1.039	\$1,430,134	59.65%			
2002	1,528,962	1.433	2,190,238	2,211,542	1.153	1.195	3,045,658	139.06%			
2003	1,479,747	1.433	2,119,737	541,424	1.125	1.554	946,136	44.63%			
2004	1,712,945	1.229	2,105,237	333,341	1.098	2.176	796,166	37.82%			
2005	1,595,321	1.002	1,599,093	156,280	1.071	4.787	801,589	50.13%			
Total	\$7,990,522		\$10,411,662	\$4,407,683			\$7,019,683	67.4%	1.124	23.1%	22.4%
Physical Therapists that belong to a Group Practice											
2001	\$3,403,592	1.773	\$6,033,547	\$3,448,424	1.181	1.039	\$4,232,880	70.16%			
2002	3,588,978	1.773	6,362,181	2,283,995	1.153	1.195	3,145,438	49.44%			
2003	3,477,028	1.773	6,163,728	2,154,949	1.125	1.554	3,765,759	61.10%			
2004	3,260,184	1.462	4,766,609	1,710,084	1.098	2.176	4,084,439	85.69%			
2005	4,141,634	1.117	4,624,210	307,366	1.071	4.787	1,576,539	34.09%			
Total	\$17,871,415		\$27,950,276	\$9,904,818			\$16,805,054	60.1%	1.002	20.6%	4.0%
Total Physical Therapists											
2001	\$5,882,553		\$9,293,502	\$5,461,118			\$6,703,425	72.13%			
2002	5,874,059		9,362,223	4,525,866			6,232,865	66.57%			
2003	5,662,962		9,039,791	2,697,653			4,714,131	52.15%			
2004	5,649,859		7,577,447	2,171,318			5,186,070	68.44%			
2005	6,419,206		6,905,908	481,156			2,467,946	35.74%			
Total	\$29,488,640		\$42,178,872	\$15,337,111			\$25,304,437	60.0%	1.000	20.6%	8.9%

Exhibit 4, Sheet 1
The Fireman's Fund Insurance Companies
Physical Therapists Professional Liability
Calculation of Rate Level Factors
COUNTRYWIDE
EMPLOYED PHYSICAL THERAPISTS

Date	Rate Change	Rate Level	Overall Effective Rate Change	1997		1998		1999		2000		2001		2002		2003		2004		2005										
				Accident Year	Average Rate Level	Current Rate Level	Average Rate Level	Current Rate Level	Average Rate Level	Current Rate Level	Average Rate Level	Current Rate Level	Average Rate Level	Current Rate Level	Average Rate Level	Current Rate Level	Average Rate Level	Current Rate Level	Average Rate Level	Current Rate Level										
10/1/1998 2/15/2004	20.1% 7.1%	1.0000 1.2010 1.0710	1.0000 1.2010 1.2863	1997	1.0000	1.2863	1998	1.0063	1.2863	1999	1.1445	1.2863	2000	1.2010	1.2863	2001	1.2010	1.2863	2002	1.2010	1.2863	2003	1.2010	1.2863	2004	1.2010	1.2863	2005	1.2010	1.2863
				1997	1.0000	1.2863	1998	0.9688	0.2813	1999	0.0313	0.7188	2000	1.0000	1.0000	2001	1.0000	1.0000	2002	1.0000	1.0000	2003	1.0000	1.0000	2004	0.6172	0.3828	2005	0.0078	0.9922
Average Rate Level:				1.0000	1.0063	1.1445	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2010	1.2855	

Notes to Figures in this Exhibit:

The parallelgram method is used to determine the percentages of premium earned at each rate level.
The average rate level is the sum of the products of the rate level column and the % of CY premium earned column for each calendar year.
The current rate level is the product of all the rate changes which took place in the period January 1, 1997 through December 31, 2005.
The factor to current rate level is equal to the current rate level divided by the average rate level.
We have assumed all policies were twelve months in length.

Exhibit 4, Sheet 2
The Fireman's Fund Insurance Companies
Physical Therapists Professional Liability
Calculation of Rate Level Factors
COUNTRYWIDE
SELF-EMPLOYED PHYSICAL THERAPISTS

Date	Rate Change	Rate Level	Overall Effective Rate Change	1997	1998	1999	2000	2001	2002	2003	2004	2005
10/1/1998	20.1%	1.0000	1.0000	1.0000	0.9688	0.2813	1.0000	1.0000	1.0000	1.0000	0.6172	0.0078
2/15/2004	43.3%	1.2010	1.2010	1.0000	0.0313	0.7188	1.0000	1.0000	1.0000	1.0000	0.3828	0.9922
		1.4325	1.7204									
Average Rate Level:				1.0000	1.0063	1.1445	1.2010	1.2010	1.2010	1.2010	1.3998	1.7164

Notes to Figures in this Exhibit:

The parallellogram method is used to determine the percentages of premium earned at each rate level.
The average rate level is the sum of the products of the rate level column and the % of CY premium earned column for each calendar year.
The current rate level is the product of all the rate changes which took place in the period January 1, 1997 through December 31, 2005.
The factor to current rate level is equal to the current rate level divided by the average rate level.
We have assumed all policies were twelve months in length.

Exhibit 4, Sheet 3
The Fireman's Fund Insurance Companies
Physical Therapists Professional Liability
Calculation of Rate Level Factors
COUNTRYWIDE
PHYSICAL THERAPISTS THAT BELONG TO A GROUP PRACTICE

Date	Rate Change	Rate Level	Overall Effective Rate Change	1997	1998	1999	2000	2001	2002	2003	2004	2005
				Accident Year	Average Rate Level	Current Rate Level	Factor to Current Rate Level					
10/1/1998	20.1%	1.0000	1.0000	1997	1.0000	2.1290	2.1290					
2/15/2004	55.5%	1.2010	1.2010	1998	1.0063	2.1290	2.1157					
6/1/2005	14.0%	1.5550	1.8676	1999	1.1445	2.1290	1.8603					
		1.1400	2.1290	2000	1.2010	2.1290	1.7727					
				2001	1.2010	2.1290	1.7727					
				2002	1.2010	2.1290	1.7727					
				2003	1.2010	2.1290	1.7727					
				2004	1.4562	2.1290	1.4621					
				2005	1.9068	2.1290	1.1165					
Average Rate Level: 1.0000 1.0063 1.1445 1.2010 1.2010 1.2010 1.4562 1.9068												
0.6172 0.3828 0.0078 0.8220 0.1701												

Notes to Figures in this Exhibit:

The parallelgram method is used to determine the percentages of premium earned at each rate level.
The average rate level is the sum of the products of the rate level column and the % of CY premium earned column for each calendar year.
The current rate level is the product of all the rate changes which took place in the period January 1, 1997 through December 31, 2005.
The factor to current rate level is equal to the current rate level divided by the average rate level.
We have assumed all policies were twelve months in length.

Exhibit 5, Sheet 1
The Fireman's Fund Insurance Companies
Physical Therapists Professional Liability

Paid Loss Development Factors by Accident Year
Countrywide

Accident Year	Paid Losses and ALAE											
	Evaluation Age in Months											
	9	21	33	45	57	69	81	93	105	117	129	141
1995	36,000	557,000	1,677,000	3,491,000	5,160,000	6,200,000	6,722,000	6,886,000	6,912,000	7,338,000	7,353,000	7,366,000
1996	14,000	514,000	1,595,000	5,008,000	6,046,000	7,665,000	8,122,000	8,424,000	8,578,000	8,594,000	8,840,000	-
1997	5,000	310,000	1,241,000	2,214,000	5,133,000	6,634,000	8,076,000	8,126,000	8,156,000	8,173,000	-	-
1998	14,000	231,000	1,360,000	2,704,000	4,509,000	5,396,000	5,654,000	6,437,000	6,461,000	-	-	-
1999	5,000	276,000	1,068,000	1,609,000	2,793,000	3,266,000	3,564,000	3,693,000	-	-	-	-
2000	5,000	94,000	791,000	1,519,000	2,112,000	3,325,000	3,570,000	-	-	-	-	-
2001	4,000	1,251,000	1,917,000	3,015,000	3,984,000	5,172,000	-	-	-	-	-	-
2002	16,000	316,000	603,000	1,260,000	2,521,000	-	-	-	-	-	-	-
2003	11,000	130,000	695,000	1,944,000	-	-	-	-	-	-	-	-
2004	5,000	56,000	1,387,000	-	-	-	-	-	-	-	-	-
2005	1,000	164,000	-	-	-	-	-	-	-	-	-	-
2006	-	-	-	-	-	-	-	-	-	-	-	-
Age-to-Age Factors												
Accident Year	Evaluation Age in Months											
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to 141	141 to Ult.
1995	15.472	3.011	2.082	1.478	1.202	1.084	1.024	1.004	1.062	1.002	1.002	-
1996	36.714	2.986	3.263	1.207	1.268	1.060	1.037	1.018	1.002	1.029	-	-
1997	62.000	4.003	1.784	2.318	1.292	1.217	1.006	1.004	1.002	-	-	-
1998	16.500	5.887	1.988	1.668	1.197	1.048	1.138	1.004	-	-	-	-
1999	55.200	3.870	1.507	1.736	1.169	1.091	1.036	-	-	-	-	-
2000	18.800	8.415	1.920	1.390	1.574	1.074	-	-	-	-	-	-
2001	312.750	1.532	1.573	1.321	1.298	-	-	-	-	-	-	-
2002	19.750	1.908	2.090	2.001	-	-	-	-	-	-	-	-
2003	11.818	5.346	2.797	-	-	-	-	-	-	-	-	-
2004	11.200	24.768	-	-	-	-	-	-	-	-	-	-
2005	164.000	-	-	-	-	-	-	-	-	-	-	-
Average Development												
Average Type	Evaluation Age in Months											
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to 141	141 to Ult.
All Years	65.837	6.173	2.111	1.640	1.286	1.096	1.048	1.007	1.022	1.015	1.002	-
Latest 3	62.339	10.674	2.153	1.571	1.347	1.071	1.060	1.009	1.022	1.015	1.002	-
Ex. Hi-Lo	44.473	4.428	2.033	1.599	1.251	1.077	1.033	1.004	1.002	1.002	-	-
Wtd. Avg.	33.612	3.286	2.091	1.549	1.266	1.099	1.044	1.008	1.019	1.016	1.002	-
Wtd. Last 3	20.588	5.349	1.934	1.487	1.323	1.067	1.056	1.009	1.019	1.016	1.002	-
Selected Loss Development Factors												
Age-to-Age	25.000	4.000	2.000	1.550	1.300	1.080	1.040	1.007	1.005	1.003	1.001	1.000
Age-to-Ult	460.400	18.416	4.604	2.302	1.485	1.142	1.057	1.016	1.009	1.004	1.001	1.000

Exhibit 5, Sheet 2
The Fireman's Fund Insurance Companies
Physical Therapists Professional Liability
 Incurred Loss Development Factors by Accident Year
 Countrywide

Accident Year	Incurred Losses and ALAE											
	Evaluation Age in Months											
	9	21	33	45	57	69	81	93	105	117	129	141
1995	329,000	1,798,000	3,402,000	5,244,000	6,023,000	7,218,000	7,087,000	7,096,000	7,522,000	7,443,000	7,401,000	7,414,000
1996	543,000	1,523,000	5,105,000	6,149,000	7,346,000	8,093,000	8,695,000	8,692,000	8,698,000	8,724,000	8,890,000	-
1997	111,000	1,212,000	2,540,000	3,403,000	7,171,000	8,024,000	8,156,000	8,176,000	8,164,000	8,173,000	-	-
1998	132,000	952,000	2,998,000	3,896,000	5,927,000	6,246,000	6,242,000	6,442,000	6,461,000	-	-	-
1999	317,000	1,083,000	1,659,000	2,515,000	3,427,000	3,769,000	3,909,000	4,233,000	-	-	-	-
2000	390,000	881,000	1,887,000	2,160,000	2,486,000	3,773,000	3,820,000	-	-	-	-	-
2001	211,000	2,348,000	3,493,000	4,115,000	4,557,000	5,462,000	-	-	-	-	-	-
2002	279,000	895,000	1,109,000	3,135,000	4,526,000	-	-	-	-	-	-	-
2003	125,000	666,000	2,350,000	2,699,000	-	-	-	-	-	-	-	-
2004	113,000	1,015,000	2,167,000	-	-	-	-	-	-	-	-	-
2005	56,000	481,000	-	-	-	-	-	-	-	-	-	-
2006	48,000	-	-	-	-	-	-	-	-	-	-	-

Accident Year	Age-to-Age Factors											
	Evaluation Age in Months											
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to 141	141 to Ult.
1995	5.465	1.892	1.541	1.149	1.198	0.983	1.000	1.060	0.989	0.994	1.002	-
1996	2.805	3.352	1.205	1.195	1.102	1.074	1.000	1.001	1.003	1.019	-	-
1997	10.919	2.096	1.340	2.107	1.119	1.016	1.002	0.999	1.001	-	-	-
1998	7.212	3.149	1.300	1.521	1.054	0.999	1.032	1.003	-	-	-	-
1999	3.416	1.532	1.516	1.363	1.100	1.037	1.083	-	-	-	-	-
2000	2.259	2.142	1.145	1.151	1.518	1.012	-	-	-	-	-	-
2001	11.128	1.488	1.178	1.107	1.199	-	-	-	-	-	-	-
2002	3.208	1.239	2.827	1.444	-	-	-	-	-	-	-	-
2003	5.328	3.529	1.149	-	-	-	-	-	-	-	-	-
2004	8.982	2.135	-	-	-	-	-	-	-	-	-	-
2005	8.589	-	-	-	-	-	-	-	-	-	-	-

Average Type	Average Development											
	Evaluation Age in Months											
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to 141	141 to Ult.
All Years	6.301	2.255	1.467	1.380	1.184	1.021	1.023	1.016	0.998	1.007	1.002	-
Latest 3	7.633	2.301	1.718	1.234	1.272	1.016	1.039	1.001	0.998	1.007	1.002	-
Ex. Hi-Lo	6.214	2.223	1.318	1.304	1.143	1.016	1.011	1.002	1.001	-	-	-
Wtd. Avg.	4.932	2.159	1.357	1.354	1.153	1.021	1.016	1.014	0.998	1.008	1.002	-
Wtd. Last 3	7.354	2.184	1.431	1.229	1.242	1.013	1.030	1.001	0.998	1.008	1.002	-

Selected Loss Development Factors												
Age-to-Age	6.500	2.200	1.400	1.300	1.150	1.020	1.010	1.005	1.003	1.001	1.000	1.000
Age-to-Ult	31.116	4.787	2.176	1.554	1.195	1.039	1.019	1.009	1.004	1.001	1.000	1.000

Exhibit 5, Sheet 3
The Fireman's Fund Insurance Companies
Physical Therapists Professional Liability

Claim Count Development Factors by Accident Year
Countrywide

Accident Year	Reported Claim Counts													
	Evaluation Age in Months													
	9	21	33	45	57	69	81	93	105	117	129	141		
1995	66	220	282	306	313	316	316	317	319	319	319	319		
1996	74	176	245	268	276	280	282	285	285	285	285	285		
1997	28	116	167	191	194	194	196	196	196	196	196	196		
1998	27	93	148	173	176	177	177	178	178	178	178	178		
1999	35	112	137	158	165	168	168	168	168	168	168	168		
2000	43	98	129	138	140	141	141	141	141	141	141	141		
2001	39	95	131	147	149	151	-	-	-	-	-	-		
2002	32	91	113	122	122	-	-	-	-	-	-	-		
2003	38	92	116	124	-	-	-	-	-	-	-	-		
2004	25	69	85	-	-	-	-	-	-	-	-	-		
2005	23	50	-	-	-	-	-	-	-	-	-	-		
2006	24	-	-	-	-	-	-	-	-	-	-	-		

Accident Year	Age-to-Age Factors													
	Evaluation Age in Months													
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to 141	141 to Ult		
1995	3.333	1.282	1.085	1.023	1.010	1.000	1.003	1.006	1.000	1.000	1.000	1.000		
1996	2.378	1.392	1.094	1.030	1.014	1.007	1.011	1.000	1.000	1.000	1.000	1.000		
1997	4.143	1.440	1.144	1.016	1.000	1.010	1.000	1.000	1.000	1.000	1.000	1.000		
1998	3.444	1.591	1.169	1.017	1.006	1.000	1.006	1.000	1.000	1.000	1.000	1.000		
1999	3.200	1.223	1.153	1.044	1.018	1.000	1.000	1.000	1.000	1.000	1.000	1.000		
2000	2.279	1.316	1.070	1.014	1.007	1.000	-	-	-	-	-	-		
2001	2.436	1.379	1.122	1.014	1.013	-	-	-	-	-	-	-		
2002	2.844	1.242	1.080	1.000	-	-	-	-	-	-	-	-		
2003	2.421	1.261	1.069	-	-	-	-	-	-	-	-	-		
2004	2.760	1.232	-	-	-	-	-	-	-	-	-	-		
2005	2.174	-	-	-	-	-	-	-	-	-	-	-		

Average Type	Average Development													
	Evaluation Age in Months													
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to 141	141 to Ult		
All Years	2.856	1.336	1.109	1.020	1.010	1.003	1.004	1.002	1.000	1.000	1.000	1.000		
Latest 3	2.452	1.245	1.090	1.009	1.013	1.000	1.002	1.000	1.000	1.000	1.000	1.000		
Ex. Hi-Lo	2.788	1.318	1.107	1.019	1.010	1.002	1.003	1.000	1.000	1.000	1.000	1.000		
Wtd. Avg.	2.819	1.336	1.108	1.021	1.010	1.003	1.004	1.002	1.000	1.000	1.000	1.000		
Wtd. Last 3	2.453	1.246	1.092	1.010	1.013	1.000	1.002	1.000	1.000	1.000	1.000	1.000		

Selected Loss Development Factors														
Age-to-Age	2.819	1.336	1.108	1.021	1.010	1.003	1.004	1.002	1.000	1.000	1.000	1.000	1.000	1.000
Age-to-Ult	4.346	1.542	1.154	1.041	1.019	1.009	1.006	1.002	1.000	1.000	1.000	1.000	1.000	1.000

Exhibit 6
The Fireman's Fund Insurance Companies
Physical Therapists Professional Liability

Countrywide Experience

(1) Accident Year	(2) Paid Loss & ALAE	(3) Incurred Loss & ALAE	(4) Paid Development Factor	(5) Incurred Development Factor	(6) Indicated Ultimate From Paid Development	(7) Indicated Ultimate From Incurred Development	(8) Selected Ultimate Loss & ALAE	(9) Reported Claim Count	(10) Claim Emergence Factor	(11) Ultimate Claim Count	(12) Ultimate Severity	(13) Earned Premium	(14) Premium Factor On Current Level	(15) On Level Earned Premium	(16) Exposure Adjusted Frequency
1996	8,840,000	8,890,000	1.001	1.000	8,848,940	8,890,000	8,869,420	285	1.000	285	31,121	8,330,786	1.920	15,992,429	17.82
1997	8,173,000	8,173,000	1.004	1.001	8,205,717	8,181,173	8,193,445	196	1.000	196	41,803	8,063,036	1.920	15,478,436	12.66
1998	6,461,000	6,461,000	1.009	1.004	6,519,298	6,486,863	6,503,081	178	1.000	178	36,534	7,215,697	1.908	13,765,354	12.93
1999	3,693,000	4,233,000	1.016	1.009	3,752,406	4,271,194	4,011,800	168	1.002	168	23,880	6,794,361	1.677	11,396,543	14.74
2000	3,570,000	3,820,000	1.057	1.019	3,772,525	3,893,013	3,832,769	141	1.005	142	26,891	6,091,147	1.598	9,736,090	14.58
2001	5,172,000	5,462,000	1.142	1.039	5,904,148	5,677,094	5,790,621	151	1.009	152	38,096	5,882,553	1.598	9,402,673	16.17
2002	2,521,000	4,526,000	1.485	1.195	3,742,677	5,407,891	4,575,284	122	1.019	124	38,897	5,874,059	1.598	9,389,097	13.21
2003	1,944,000	2,699,000	2.302	1.554	4,474,602	4,192,897	4,333,749	124	1.041	129	33,595	5,662,962	1.598	9,051,678	14.25
2004	1,387,000	2,167,000	4.504	2.176	6,385,748	4,714,525	4,821,213	85	1.154	102	45,221	5,649,859	1.387	7,833,891	13.04
2005	164,000	481,000	18.416	4.787	3,020,224	2,302,643	3,178,903	50	1.542	89	35,615	6,419,206	1.110	7,122,220	12.53
1996 - 2003 Fitted Trend															
1996 - 2004 Fitted Trend															
1996 - 2005 Fitted Trend															
1997 - 2003 Fitted Trend															
1997 - 2004 Fitted Trend															
1997 - 2005 Fitted Trend															
1998 - 2003 Fitted Trend															
1998 - 2004 Fitted Trend															
1998 - 2005 Fitted Trend															
1999 - 2003 Fitted Trend															
1999 - 2004 Fitted Trend															
1999 - 2005 Fitted Trend															
Selected											3.5%	-1.0%			

Total Trend	2.5%
--------------------	-------------

Accident Year	Annual Trend	Midpoint of Experience	Average Accident Date of Effective Period	Trend Period	Trend Factor
2000	1.025	7/1/2000	5/1/2008	7.83	1.210
2001	1.025	7/2/2001	5/1/2008	6.83	1.181
2002	1.025	7/2/2002	5/1/2008	5.83	1.153
2003	1.025	7/2/2003	5/1/2008	4.83	1.125
2004	1.025	7/1/2004	5/1/2008	3.83	1.098
2005	1.025	7/1/2005	5/1/2008	2.83	1.071

Exhibit 7
The Fireman's Fund Insurance Companies
Physical Therapists Professional Liability

Projected Expenses

	2001	2002	2003	2004	2005	Selected
(1) Direct Written Premium	233,543	207,738	156,690	155,744	142,703	
(2) Direct Earned Premium	195,790	235,170	161,165	148,134	144,693	
Expense Category:						
(3) Commissions	48,063 20.6%	43,176 20.8%	33,303 21.3%	33,030 21.2%	32,051 22.5%	27.5%
(4) Other Acquisitions	5,977 3.1%	7,849 3.3%	4,825 3.0%	4,082 2.8%	4,376 3.0%	3.0%
(5) General	13,947 7.1%	18,315 7.8%	11,259 7.0%	9,525 6.4%	10,209 7.1%	7.1%
(6) Taxes, Licenses, and Fees	4,793 2.4%	5,859 2.5%	4,000 2.5%	3,304 2.2%	2,700 1.9%	2.3%
(7) Subtotal	72,780 33.2%	75,199 34.4%	53,387 33.7%	49,941 32.6%	49,336 34.4%	39.9%
(8) Unallocated Loss Adjustment Expenses	5,542 2.8%	-7,126 -3.0%	4,309 2.7%	3,488 2.4%	1,671 1.2%	2.0%
(9) Profit Load						9.2%
(10) Total Expenses						51.1%
(11) Permissible Loss and Allocated Loss Adjustment Expense Ratio						48.9%

Notes:

Based on IEE for Medical Malpractice using Fireman's Fund Insurance Companies consolidated data.

(3) Selected = actual commission paid in 2006.

(11) = 1.00 - (10)

Exhibit 8
The Fireman's Fund Insurance Companies
Professional Liability
Calculation of Underwriting Profit Provision

	<u>2003</u>	<u>2004</u>	<u>2005</u>	<u>Selected</u>
(1) Earned Premium (AS Page 4, Line 1, Col 1)	\$3,951,255,938	\$4,210,707,223	\$4,327,051,937	
(2) Investable Assets (AS Page 2, Line 10, Col 3)	\$10,808,273,330	\$9,725,795,497	\$9,516,052,182	
(3) Surplus (AS Page 3, Line 35, Col 1)	\$2,858,865,888	\$2,930,106,208	\$2,850,201,410	
(4) Net Investment Income Earned (AS Page 4, Line 9, Col 1)	\$511,123,917	\$483,732,059	\$476,477,702	
(5) Net Realized Capital Gains (AS Page 4, Line 10, Col 1)	(\$9,147,171)	\$10,758,814	\$41,408,600	
(6) Premium-to-Surplus ratio (1) / (3)	1.38	1.44	1.52	1.30
(7) Professional Liability Premium-to-Capital ratio				0.91
(8) Premium-to-Assets ratio (1) / (2)	0.37	0.43	0.45	0.34
(9) Target After-Tax ROE				15.0%
(10) Tax Rate				35.0%
(11) Return on Assets [(4) + (5)] / (2)	4.6%	5.1%	5.4%	5.5%
(UW Income + Investment Income) x (1 - Tax Rate) = (Allocated Capital) x (Target After-Tax ROE)				
(12) UW Profit Provision [(9) / (7)] / [1 - (10)] - [(11) / (8)]				9.2%

Exhibit 3a
The Fireman's Fund Insurance Companies
Physical Therapists Professional Liability

Rate Distribution

Illinois

Segment	(1) 2005 Illinois Written Premium	(2) Number of Policies	(3) Average Premium	(4) Selected Rate Change	(5) Approximate Number of Policies Affected	(6) Premium After Rate Change
Employed Physical Therapists	\$25,018	195	\$128	10.0%	195	\$27,520
Self-Employed Physical Therapists	\$9,619	139	\$69	22.4%	139	\$11,774
Physical Therapists part of a Group Practice	\$494,084	52	\$9,502	4.0%	10	\$513,847
Total	<u>\$528,721</u>	<u>386</u>	<u>\$1,370</u>		<u>344</u>	<u>\$553,141</u>

(7) = Sum of (1) = Total Earned Premium Before Rate Change

(8) = Sum of (6) = Total Earned Premium After Rate Change

(9) Overall Rate Change = (8)/(7)-1.000

528,721
553,141

4.6%

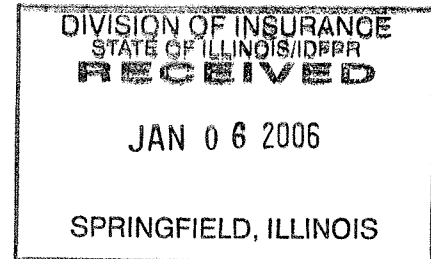
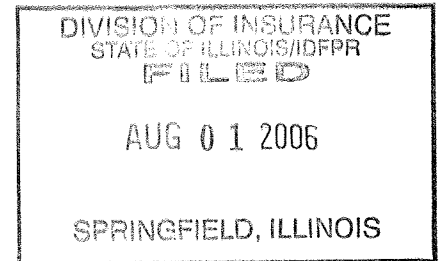


December 23, 2005

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Financial and Professional Regulation
Division of Insurance
320 West Washington Street
Springfield, Illinois 62767

Attn: Mr. John Gatlin
Supervisor, Property and Casualty Compliance Unit

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC # 761-22810
Allied Health Purchasing Group Association – Rate Filing
Company Filing Number: CGIL-MTP-IL-05-06-RA
Effective Date: May 1, 2006



To Whom It May Concern:

The Chicago Insurance Company is submitting for your review revised occurrence rates for the Miscellaneous Therapists class as a part of the Allied Health Purchasing Group Association. This revision results in an overall rate increase of 11.3%.

In support of the revision you will find actuarial data, the required state specific forms, and the revised rate pages.

We request the filing be approved for all policies effective on or after May 1, 2006.

If there are any questions regarding the submission, please do not hesitate to contact me.

Respectfully,

Kelly Cole
Regulatory Analyst
800.255.2096 x457981
fax 312.346.5748
kcole@ffic.com

Fireman's Fund
Insurance Companies
A member of the
Allianz Group

Fireman's Fund Insurance Company
33 West Monroe St
Ste 1200
Chicago, IL 60603-9911

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only		
	a. Date the filing is received:		
	b. Analyst:		
	c. Disposition:		
	d. Date of disposition of the filing:		
	e. Effective date of filing:		
	f. State Filing #:		
	g. SERFF Filing #:		

3. Group Name	Fireman's Fund Insurance Company			Group NAIC #	0761
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Chicago Insurance Company	IL	22810	36-6042949		

5. Company Tracking Number	CGIL MTP IL 05 06 RA
-----------------------------------	----------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Kelly Cole 33 W. Monroe St., Ste. 1200 Chicago, IL 60603	Analyst	800.255.2096	312-346-5748	kcole@ffic.com
7. Signature of authorized filer		<i>Kelly Cole</i>		
8. Please print name of authorized filer		Kelly Cole		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Medical Malpractice	
10. Sub-Type of Insurance (Sub-TOI)	Medical Malpractice	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]		
12. Company Program Title (Marketing title)	Miscellaneous Therapists	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
14. Effective Date(s) Requested	New: 05/01/2006	Renewal: 05/01/2006
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16. Reference Organization (if applicable)	N/A	
17. Reference Organization # & Title	N/A	
18. Company's Date of Filing	12/30/05	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CGIL MTP IL 05 06 RA
21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]	

Chicago Insurance Company submits for your review and approval rates designed for use with the Miscellaneous Therapists Professional Liability Insurance Program. This filing pertains to the Allied Health Purchasing Group Association.

The overall rate effect of these changes is an increase of 11.3%.

Enclosed are the actuarial memorandum, actuarial exhibits, and revised rate pages for additional details regarding the proposed changes.

We request that this filing apply to all policies effective on or after May 1, 2006.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A Amount:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #		CGIL MTP IL 05 06 RA	
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)		N/A	
<input checked="" type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)				
3.	Overall percentage rate impact for this filing		11.3%	
4.	Effect of Rate Filing – Written premium change for this program		30,473	
5.	Effect of Rate Filing – Number of policyholders		1,165	
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)		Use & File	
7.	Rate Change by Company			
	Company Name	Percentage Change	Effect of Rate Filing	
			# of policyholders for this program	Written premium change for this program
	Chicago Insurance Company	11.3%	1,165	30,473
8.	Overall percentage of last rate revision		+5.9%	
9.	Effective Date of last rate revision		2/15/04	
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)		Use & File	

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Allied Health Purchasing Group Association – Allied Health Professionals Rate Pages	Pages 1-3	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02	Allied Health Purchasing Group Association – Optometrists Rate Pages	Pages 1-2	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

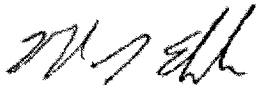
**ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES**

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Mark J. Kaufman, a duly authorized officer of Fireman's Fund Insurance Companies, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Mark J. Kaufman, a duly authorized actuary of Fireman's Fund Insurance Companies am authorized to certify on behalf of Fireman's Fund Insurance Companies making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

 Chief Actuary, VP - Specialty January 10, 2006
Signature and Title of Authorized Insurance Company Officer Date

 Chief Actuary, VP - Specialty January 10, 2006
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN 36-6042949 Filing Number CGIL MTP IL 05 06 RA

Insurer's Address 33 West Monroe Street, Suite 1200, Chicago IL 60603

City Chicago State Illinois Zip Code 60603

Contact Person's:

-Name and E-mail Kelly Cole, kcole@ffic.com

-Direct Telephone and Fax Number 312.456.7981

STATE OF ILLINOIS



Department of Financial and Professional Regulation Division of Insurance

IN THE MATTER OF
THE MEDICAL MALPRACTICE
RATE INCREASE OF:

HEARING NO. 06-HR-0804

CHICAGO INSURANCE COMPANY
33 WEST MONROE STREET
CHICAGO, ILLINOIS 60603
RATE FILING #CGIL-MTP-IL-05-06-RA

ORDER

I, Michael T. McRaith, Director of the Illinois Department of Financial and Professional Regulation, Division of Insurance hereby certify that I have read the entire Record in this matter and the hereto attached Findings of Fact, Conclusions of Law and Recommendations of the Hearing Officer, Timothy M. Cena, appointed and designated pursuant to Section 402 of the Illinois Insurance Code (215 ILCS 5/402) to conduct a Hearing in the above-captioned matter. I have carefully considered and reviewed the entire Record of the Hearing and the Findings of Fact, Conclusions of Law and Recommendations of the Hearing Officer, attached hereto and made a part hereof.

I, Michael T. McRaith, being duly advised in the premises, do hereby adopt the Findings of Fact, Conclusions of Law and Recommendations of the Hearing Officer as my own, and based upon said Findings, Conclusions and Recommendations enter the following Order under the authority granted to me by Sections 155.18, 401, 402 and 403 of the Illinois Insurance Code (215 ILCS 5/155.18, 5/401, 5/402 and 5/403) and Article X of the Illinois Administrative Procedure Act (5 ILCS 100/10-5 et. seq.).

This Order is a Final Administrative Decision pursuant to the Illinois Administrative Procedure Act (5 ILCS 100/1 et. seq.). This Order is appealable pursuant to the Illinois Administrative Review Law (735 ILCS 3/101- et. seq.).

NOW IT IS THEREFORE ORDERED THAT:

- 1) Chicago Insurance Company's Filing #CGIL-MTP-IL-05-06-RA is approved;
- 2) Chicago Insurance Company shall pay as costs of this proceeding, within 35 days of the date of this Order, the sum of \$210.00, directly to the Illinois Division of Insurance, Tax and Fiscal Service Unit, 320 W. Washington, 4th Floor, Springfield, Illinois 62767.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of the
State of Illinois;

DIVISION OF INSURANCE

Date: March 5, 2007

Michael T. McRaith

Michael T. McRaith
Director

STATE OF ILLINOIS



Department of Financial and Professional Regulation Division of Insurance

IN THE MATTER OF:
THE MEDICAL MALPRACTICE RATE
INCREASE OF:

HEARING NO. 06-HR-0804

CHICAGO INSURANCE COMPANY
33 WEST MONROE STREET
CHICAGO, ILLINOIS 60603
RATE FILING #CGIL-MTP-IL-05-06-RA

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATIONS OF THE HEARING OFFICER

Now comes Timothy M. Cena, Hearing Officer in the above captioned matter and offers his Findings of Fact, Conclusions of Law and Recommendations to the Director of Insurance.

FINDINGS OF FACT

- 1) On January 6, 2006, Chicago Insurance Company (Company) filed with the Illinois Division of Insurance (Division) its Allied Health Purchasing Group Association Rate/Rule Filing #CGIL-MTP-IL-05-06-RA (Filing) (see Division Exhibit # 1, Packets #1-3).
- 2) On November 2, 2006, the Illinois Director of Insurance, Michael T. McRaith, issued a Notice of Hearing requiring the Company to participate in an Administrative Hearing regarding the Filing. The Hearing was scheduled for November 16, 2006 at the Division's Offices in Springfield, Illinois (Hearing Officer Exhibit # 2).

- 3) Joseph T. Clennon filed a Notice of Appearance in this matter as Counsel for the Division (Hearing Officer Exhibit # 2).
- 4) On November 2, 2006, the Director appointed Timothy M. Cena as Hearing Officer in this matter (Hearing Officer Exhibit # 1).
- 5) Kirk Petersen filed an Appearance in this matter as Counsel for the Company (Hearing Officer Exhibit # 3).
- 6) The Hearing in this matter was convened on November 15, 2006 at the Division's Offices in Springfield, Illinois at 11:00 AM at which time were present Timothy M. Cena, Hearing Officer; Joseph T. Clennon, on behalf of the Division; Kirk Petersen on behalf of the Company; Jayme Stubitz, Patricia M. Houlihan, Daphne T. Crockett, and Timothy Kovac, all with the Company; Michael T. McRaith, Julie Anderson, Judy Pool-Boutchee, John Gatlin and Gayle Neuman, all with the Division; Rob Kane, with ISMIE Mutual Insurance Company and Craig Lounsberry with the Illinois Trial Lawyers Association.

The purpose of this Hearing is to receive information regarding the Company's Filing in order to determine whether the Filing is in compliance with Section 155.18 of the Illinois Insurance Code.

- 7) After the Company's Filing was received the Division's Product Evaluation Unit and the Casualty Actuarial Section conducted intensive reviews of the Filing. Discussions were had with the Company regarding the Quarterly Premium Payment Section of the Filing. Changes were made in the Filing pursuant to those discussions. Actuarial indications with supporting documentation were reviewed along with the Company's ratemaking methodology, ultimate loss and allocated loss adjustment expense selection, loss development triangles, profit load, and permissible loss ratios. Additional information was requested, and was supplied by the Company, regarding the aforementioned items and was used to complete the actuarial analysis of the Filing.

The Complete Filing was offered and accepted into the Record in this matter as Division Exhibit # 1. The Division stated that it had no objections to the Filing pending further questioning at the Hearing.

- 8) This Filing requests approval for new rates designed for the use with the Company's Miscellaneous Therapists Professional Liability Insurance Program. The overall rate effect of the changes is an increase in rates of 11.3%; comprised of a 20% increase for self-employed optometrists, a 20% increase for self-employed medical technologists, and a 7% increase for all occupational therapists. It is a continuation of a moderate rate action by the Company which began in 2004. The Company's last rate action was taken in

1998. Over the period of the last eight years the Company believes that its rate action is minimal. The rate increase will affect approximately 1,000 policyholders in Illinois with average rate increases from \$10 to \$100.

- 9) The Filing indicates a rate for self-employed optometrist and medical technologists which is 20% higher than the rate for an employed optometrist and employed medical technologist. This higher rate is derived from the Company's actuarial indications. The Company testified that the indications suggest that, because self-employed practitioners practice their livelihoods independently, higher rates are justified. Self-employeds hire themselves out as independent contractors to hospitals, physician groups and health care facilities. Self-employeds have legal requirements and responsibilities to conduct and manage their own business which are not present with an employed insured. The self-employed could be held vicariously liable for their employee's misdeeds, as well as, bear responsibility for hiring and supervising their employees properly. The Company proposes a stand-alone ratio for self-employed individuals. Employed individuals would be charged as a part of a group rate. Employees of a self-employed individual would be charged the group rate while the self-employed employer would be charged the self-employed rate.
- 10) Exhibit # 1, Sheet 1 of DOI Exhibit # 1, Packet # 1 lists indicated changes (113.7%) which are much higher than the proposed rate increase. These rates were based on the Company's experience, especially in the self-employed optometrist and medical technologist area. The Company opted for a much lower rate increase in an attempt to strike a balance between business that was unprofitable and its desire to retain that business. In order to ensure the profitability of this line the Company is also taking steps in addition to the rate increase. The Company is reviewing the program on an annual basis. The Company is watching the claims data carefully to make sure that it is the self-employed sector of the population which is driving the rate increase. The Company is tightening up the application for insurance process by making sure that self-employed insureds who hire independent contractors require that those contractors have insurance and that the contractors' policy limits are at, or above, those of the policy the Company offers. Inadequately insured independent contractors have increased claim pressure for the Company under its policies.
- 11) The profit load, listed in this filing, as 13.6% (see Division Exhibit # 1, Packet # 3, Exhibit # 6 and # 7) is a function of its targeted After Tax Return on Equity (ROE) and is dictated by its parent company, Allianz. The parent company requires that the Company make a 15% after-tax return on the surplus amounts allocated to it by the parent. The calculations listed in the above-referenced Exhibits indicate how the Company arrived at the 13.6% profit figure. Exhibit # 7 uses the terms Capital and Surplus interchangeably.

- 12) The Division asked how the parent company determined the amounts of capital allocated to the professional liability line of business. The Company indicated the required capital amounts are difficult to predict and the parent company allocates additional capital amounts for professional liability insurance because it is an inherently riskier line of business than a short-tail line of business. Professional liability insurance is long-tail coverage with some claims taking up to 15 years to identify and finally settle.
- 13) Division Exhibit # 1, Packet 3, Exhibit # 5 indicates the Company's country-wide experience for this line of business. Exhibit # 5 indicates that the claims' severity has been increasing by an 8% rate country-wide over the last six or seven years. Claim frequency actually shows a 1% decrease over the same time period and a total loss cost trend of 6.8%. The Company believes that the 8% annual severity increase is the result of a number of factors including that the professionals insured under these policies are performing riskier procedures than done in the past. The Company also points to what it describes as an increasingly litigious climate in the United States. While the figures listed in Exhibit # 5 are county-wide, the Company sees similar results in Illinois only figures. The Company sees no reason why the severity trend will not continue to rise. Tort reform in Illinois is too new to see any changes at this point in claim severity, nor has the Company changed its approach to claim or litigation handling in Illinois because of the reform. The Company testified that in its opinion, it will need to collect two to four years worth of data before the impact of Illinois tort reform efforts can be gauged.
- 14) The Hearing Officer left the Record in this matter open at the close of the Hearing in order to provide the Company an opportunity to provide additional information for the Record. On November 21, 2006, the Hearing Officer issued a letter to the Company (see Hearing Officer Exhibit # 4) asking the Company with what frequency, as a percentage of total policies covered by the Filing, are policyholders in Illinois sued for malpractice. The letter also asked the Company to provide a break out of both frequency and severity trends for Illinois for policies covered by the Filings.

On December 4, 2006, the Company provided a written Response to the additional questions (see Hearing Officer Exhibit # 5). In 2004, the Company wrote 3,519 policies in Illinois, had 5 reported claims, 1 of which was litigated. The percentage of total claims litigated was therefore 20% and the percentage of Illinois policyholders sued was .02%. The Company also attached to its Response an Exhibit which provided information regarding frequency and severity trends in Illinois for 1995-2004.

- 15) Upon receipt and after review of the Company's responses, the Division stated to the Hearing Officer that it had no concerns with the Company's Responses and no reason to revise its original statement that it had no reason to object to the Filing.

- 16) Capital Reporting Service, Inc. recorded the testimony taken in this matter and charged the Division \$210.00 for the court reporter's attendance and a transcript of the proceedings (Hearing Officer Exhibit # 6).

CONCLUSIONS OF LAW

Based upon the above stated Findings of Fact and the entire Record in this matter the Hearing Officer offers the following Conclusions of Law to the Director of Insurance.

- 1) Timothy M. Cena was duly appointed as Hearing Officer in this matter by the Director of Insurance pursuant to Sections 402 of the Illinois Insurance Code (215 ILCS 5/402).
- 2) The Director of Insurance has jurisdiction over the parties and the subject matter of this proceeding pursuant to Sections 155.18, 401, 402 and 403 of the Illinois Insurance Code (215 ILCS 5/155.18, 5/401, 5/402 and 5/403).
- 3) The purpose of this proceeding is to determine if the Chicago Insurance Company Rule/Rate Filing # CGIL-MTP-IL-05-06-RA is in compliance with Section 155.18 of the Illinois Insurance Code.

Section 155.18 of the Insurance Code provides, in part, as follows:

- “(a) This Section shall apply to insurance on risks based upon negligence by a physician, hospital or other health care provider, referred to herein as medical liability insurance.
- (b) The following standards shall apply to the making and use of rates pertaining to all classes of medical liability insurance:
 - (1) Rates shall not be excessive or inadequate nor shall they be unfairly discriminatory. . .
 - (2) Consideration shall be given, to the extent applicable, to past and prospective loss experience within and outside this State, to a reasonable margin for underwriting profit and contingencies, to past and prospective expenses both countrywide and those especially applicable to this State, and to all other factors, including judgment factors, deemed relevant within and outside this State.

Consideration may also be given in the making and use of rates to dividends, savings or unabsorbed

premium deposits allowed or returned by companies to their policyholders, members or subscribers.

- (3) The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or groups with respect to any kind of insurance, or with respect to any subdivision or combination thereof.
 - (4) Risks may be grouped by classifications for the establishment of rates and minimum premiums. Classification rates may be modified to produce rates for individual risks in accordance with rating plans which established standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such classifications or modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations and shall apply to all risks under the same or substantially the same circumstances or conditions. The rate for an established classification should be related generally to the anticipated loss and expense factors or the class.
- (c)
- (1) Every company writing medical liability insurance shall file with the Secretary of Financial and Professional Regulation the rates and rating schedules it uses for medical liability insurance. A rate shall go into effect upon filing, except as otherwise provided in this Section.
 - (2) If (i) 1% of the company's insureds within a specialty or 25 of the company's insureds (whichever is greater) request a public hearing, (ii) the Secretary at his or her discretion decides to convene a public hearing, or (iii) the percentage increase in a company's rate is greater than 6%, then the Secretary shall convene a public hearing in accordance with this paragraph (2). A public hearing under this paragraph (2) must be concluded within 90 days after the request, decision, or increase that gave rise to the

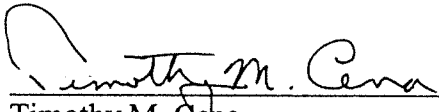
RECOMMENDATIONS

Based upon the above stated Findings of Fact, Conclusions of Law and the entire Record in this matter the Hearing Officer offers the following Recommendations to the Director of Insurance;

- 1) That Chicago Insurance Company Filing # CGIL-MTP-IL-05-06-RA, as that Filing is contained in this Record, be approved;
- 2) That Chicago Insurance Company be assessed the costs of this proceeding.

Respectfully submitted,

Date: 2/22/07



Timothy M. Cena
Hearing Officer

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

Neuman, Gayle

From: kcole@ffic.com
Sent: Thursday, September 07, 2006 3:07 PM
To: Neuman, Gayle
Cc: DSowell@ffic.com; DCrockett@ffic.com
Subject: Re: Chicago Ins Co - Filings #CGIL-NRS-IL-03-06-RA and #CGIL-MTP-IL-05-06-RA

Ms. Neuman,

Regarding the Chicago Insurance Company filings:

The Nurses Program (filing #CGIL-NRS-IL-03-06-RA) rates were implemented July 1, 2006.

The Miscellaneous Therapists (filing #CGIL-MTP-IL-05-06-RA) rates were implemented August 1, 2006.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981

"Neuman, Gayle"
<Gayle.Neuman@illinois.gov>

09/07/2006 10:26 AM

<kcole@ffic.com>

To

cc

Subject

Chicago Ins Co - Filings
#CGIL-NRS-IL-03-06-RA and
#CGIL-MTP-IL-05-06-RA

Ms. Cole,

Please confirm the effective dates for each filing. Filing #CGIL-NRS-IL-03-06-RA was submitted with a March 1, 2006 effective date, and filing #CGIL-MTP-IL-05-06-RA was submitted with a May 1, 2006 effective date. If neither filing was utilized as of the proposed effective date, please indicate if Chicago is awaiting the Division's approval first.

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Neuman, Gayle

From: kcole@ffic.com
Sent: Wednesday, September 06, 2006 1:48 PM
To: Neuman, Gayle
Cc: DSowell@ffic.com; DCrockett@ffic.com
Subject: Re: Allied Health Purchasing Group Association - Filing #CGIL-MTP-IL-05-06-RA

Attachments: AHPGA 10-01-06 IL.pdf



AHPGA 10-01-06
IL.pdf (147 KB)...

Ms. Neuman,

The Chicago Insurance Company (NAIC #22810) offers a response to your inquiry regarding our Nurses Program filing.

This filing only pertains to Allied Health Professionals and Optometrists.

The 11.3% rate increase was not implemented as of March 1, 2006.

In addition, we have revised the rule manuals to include the wording you suggested. The revised manuals are attached.

We hope our response will enable you to complete your review of our filing.

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981
(See attached file: AHPGA 10-01-06 IL.pdf)

"Neuman, Gayle"
<Gayle.Neuman@ill
inois.gov>

09/06/2006 09:01
AM

<kcole@ffic.com>

To

cc

Subject

Allied Health Purchasing Group
Association - Filing
#CGIL-MTP-IL-05-06-RA

M. Cole,

Here is an additional e-mail to again summarize the information and documentation previously requested:

When the filing was originally received, we received rate pages for (1) allied health professionals and (2) optometrists. When we requested the rating rule manual, there were three areas involved: (1) allied health professionals, (2) optometric and (3) respiratory therapists and rehabilitation therapists. Starting with your April 13, 2006 response, we have only been provided with updated manual pages for areas (1) and (2). Please clarify if this filing pertains to areas 1 and 2 or 1 through 3. Provided updated pages as necessary.

Did Chicago Insurance Company begin utilizing this filing as of May 1, 2006? If not, will you start using it upon it being filed by the Division of Insurance?

In regard to the premium payment installment plan, (1) the wording did not indicate there are no interest charges, and (2) the wording did not indicate how additional premium would be billed.

Your response is requested by September 8, 2006.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rating Rule Manual
Effective 10-1-2006

1. **Application:**

This manual contains the rating rules for all members of this purchasing group, except for the following classes: Allied Health Professionals other than Physical Therapist, Optometrist and Mental Health Specialists, Respiratory Therapists, Rehabilitation Therapists and Student Blanket.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Decreased or Increased Limits:**

The following Decreased or Increases Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rating Rule Manual
Effective 10-1-2006

6. **Exposure Reduction:**

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Athletic Trainer
Dietician
Occupational Therapist
Pharmacists

b.) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

**Allied Health Professionals
Rating Rule Manual
Effective 10-1-2006**

9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 is the policy premium.

11. **Group Size:**

Practices which insure more than one professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. **Risk Management Education:**

Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

13. **Additional Limits:**

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

14. **Quarterly installments:**

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- c. Each installment fee paid is fully earned.
- d. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 10-1-06

1. **Application:**

This manual contains the rating rules for all individual and group Optometric members of this purchasing group.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Decreased or Increased Limits:**

The following Decreased or Increased Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 10-1-06

6. **Exposure Reduction:**

Reduced rates apply to Optometrists engaged in practices that reduce the risk of loss. If an Optometrist qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual Optometrists who have graduated within one year prior to the policy effective date. The rate for such Optometrists shall be 25% of the rate shown on the rate page.

b.) **Part-time Practice:**

Part-time rates apply to Optometrists practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed/employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 10-1-06

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 above is the policy premium.

11. **Group Size:**

Practices that consist of more than one ratable Optometric professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such group policy. This credit shall be applied to the policy premium according to the following schedule:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. **Risk Management Education:**

Optometrists are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the ratable professionals must have attended a “seminar” for this credit to apply.

13. **Additional Insurance:**

Premium is reduced for self-employed Optometrists obtaining office package insurance coverage from FFIC. The premium for such policies is 84% of the policy premium.

14. **Quarterly installments:**

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- c. Each installment fee paid is fully earned.
- d. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

Neuman, Gayle

From: Neuman, Gayle
Sent: Wednesday, September 06, 2006 9:02 AM
To: 'kcole@FFIC.COM'
Subject: Allied Health Purchasing Group Association - Filing #CGIL-MTP-IL-05-06-RA

M. Cole,

Here is an additional e-mail to again summarize the information and documentation previously requested:

When the filing was originally received, we received rate pages for (1) allied health professionals and (2) optometrists. When we requested the rating rule manual, there were three areas involved: (1) allied health professionals, (2) optometric and (3) respiratory therapists and rehabilitation therapists. Starting with your April 13, 2006 response, we have only been provided with updated manual pages for areas (1) and (2). Please clarify if this filing pertains to areas 1 and 2 or 1 through 3. Provided updated pages as necessary.

Did Chicago Insurance Company begin utilizing this filing as of May 1, 2006? If not, will you start using it upon it being filed by the Division of Insurance?

In regard to the premium payment installment plan, (1) the wording did not indicate there are no interest charges, and (2) the wording did not indicate how additional premium would be billed.

Your response is requested by September 8, 2006.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

9/6/2006

Neuman, Gayle

From: Neuman, Gayle
Sent: Monday, August 28, 2006 10:47 AM
To: 'kcole@FFIC.COM'
Subject: RE: Allied Health Purchasing Group Assoc. Filing #CGIL-MTP-IL-05-06-RA

M. Cole,

In response to your 8/25/06 e-mail, did Chicago Insurance Company start charging the 11.3% increase as of May 1, 2006?

In regard to the payment plan,

1. the wording did not indicate there are no interest charges.
2. the wording did not indicate how additional premium would be billed.

Your prompt attention is appreciated.

-----Original Message-----

From: kcole@FFIC.COM [mailto:kcole@FFIC.COM]
Sent: Friday, August 25, 2006 4:02 PM
To: Neuman, Gayle
Cc: DSowell@FFIC.COM; DCrockett@FFIC.COM
Subject: Re: Allied Health Purchasing Group Assoc. Filing #CGIL-MTP-IL-05-06-RA

Ms. Neuman,

The Chicago Insurance Company (NAIC # 22810) offers a response to your inquiries regarding our installment plan.

Please see attached the rule manual with the Quarterly Installment rule for the Miscellaneous Therapists Program, revised to meet the Illinois requirements. Per the Illinois DOI request, we will implement this new rule effective October 1, 2006, which has been updated on all rate & rule manuals attached.

We hope our response will enable you to complete your review of our filing.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981
(See attached file: AHPGA 10-01-06 IL.pdf)

Neuman, Gayle

From: kcole@FFIC.COM
Sent: Friday, August 25, 2006 4:02 PM
To: Neuman, Gayle
Cc: DSowell@FFIC.COM; DCrockett@FFIC.COM
Subject: Re: Allied Health Purchasing Group Assoc. Filing #CGIL-MTP-IL-05-06-RA

Attachments: AHPGA 10-01-06 IL.pdf



AHPGA 10-01-06
IL.pdf (148 KB)...

Ms. Neuman,

The Chicago Insurance Company (NAIC # 22810) offers a response to your inquiries regarding our installment plan.

Please see attached the rule manual with the Quarterly Installment rule for the Miscellaneous Therapists Program, revised to meet the Illinois requirements. Per the Illinois DOI request, we will implement this new rule effective October 1, 2006, which has been updated on all rate & rule manuals attached.

We hope our response will enable you to complete your review of our filing.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981
(See attached file: AHPGA 10-01-06 IL.pdf)

"Neuman, Gayle"
<Gayle.Neuman@ill
inois.gov>

08/17/2006 07:55
AM

<kcole@ffic.com>

To

cc

Subject

Allied Health Purchasing Group
Assoc. Filing #CGIL-MTP-IL-05-06-RA

M. Cole,

Attached are two e-mails dated 5/22/06 and 7/31/06 that Chicago Insurance

Company has failed to respond on.

Additionally, as you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate Bill 475), requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing the filing referenced above, we note that your quarterly installment plan does not meet and/or address some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 23, 2006.

Quarterly Premium Payment Installment Plan Prescribed Requirements

All companies writing medical liability insurance shall file with the Secretary or Director a plan to offer each medical liability insured the option to make premium payments, in at least quarterly installments. For purposes of this requirement, insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than \$500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans subject to this Section shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.

- i) An initial payment of no more than 40% of the estimated total premium due at policy inception;
- ii) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;
- iii) No interest charges;
- iv) Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less;
- v) A provision stating that additional premium resulting from changes to

the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Additionally, please confirm if the company implemented these changes as of May 1, 2006? If not, is the company planning to implement the changes as of the date the review of the filing is completed?

Your immediate attention is requested.

From: Neuman, Gayle
Sent: Monday, July 31, 2006 1:56 PM
To: 'kcole@FFIC.COM'
Subject: FW: Allied Health Purchasing Group Assoc. Filing
#CGIL-MTP-IL-05-06-RA

Ms. Cole,

No response to the attached e-mail has been received. Your response is due no later than August 7, 2006.

From: Neuman, Gayle

Sent: Monday, May 22, 2006 1:44 PM

To: 'kcole@ffic.com'

Subject: Allied Health Purchasing Group Assoc. Filing
#CGIL-MTP-IL-05-06-RA

Ms. Cole,

With your April 13, 2006, you provide some updated manual pages to include information about the quarterly premium installment plan. Pages lettered "AHPGA" and "AHPGA-OPT" were provided, however we will need pages lettered "AHPGA - RES, REH" with the updated information.

Your prompt attention is appreciated.

Gayle Neuman

Property & Casualty Compliance Unit, Division of Insurance

Illinois Department of Financial & Professional Regulation

(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rating Rule Manual
Effective 6-1-2006

1. **Application:**

This manual contains the rating rules for all members of this purchasing group, except for the following classes: Allied Health Professionals other than Physical Therapist, Optometrist and Mental Health Specialists, Respiratory Therapists, Rehabilitation Therapists and Student Blanket.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Decreased or Increased Limits:**

The following Decreased or Increases Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rating Rule Manual
Effective 6-1-2006

6. **Exposure Reduction:**

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Athletic Trainer

Dietician

Occupational Therapist

Pharmacists

b.) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rating Rule Manual
Effective 6-1-2006

9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 is the policy premium.

11. **Group Size:**

Practices which insure more than one professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. **Risk Management Education:**

Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

13. **Additional Limits:**

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

14. **Quarterly installments:**

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. A billing fee of \$15 or 2.5% of the annual premium (whichever is greater) will be assessed per installment, including the down payment.
- c. Each installment fee paid is fully earned.
- d. A late fee of \$10 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 6-1-06

1. **Application:**
This manual contains the rating rules for all individual and group Optometric members of this purchasing group.
2. **Limits:**
The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.
3. **Rounding:**
Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.
4. **Changes:**
Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.
5. **Decreased or Increased Limits:**
The following Decreased or Increased Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 6-1-06**

6. **Exposure Reduction:**

Reduced rates apply to Optometrists engaged in practices that reduce the risk of loss. If an Optometrist qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual Optometrists who have graduated within one year prior to the policy effective date. The rate for such Optometrists shall be 25% of the rate shown on the rate page.

b.) **Part-time Practice:**

Part-time rates apply to Optometrists practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed/employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 6-1-06

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 above is the policy premium.

11. **Group Size:**

Practices that consist of more than one ratable Optometric professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such group policy. This credit shall be applied to the policy premium according to the following schedule:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. **Risk Management Education:**

Optometrists are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the ratable professionals must have attended a “seminar” for this credit to apply.

13. **Additional Insurance:**

Premium is reduced for self-employed Optometrists obtaining office package insurance coverage from FFIC. The premium for such policies is 84% of the policy premium.

14. **Quarterly installments:**

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. A billing fee of \$15 or 2.5% of the annual premium (whichever is greater) will be assessed per installment, including the down payment.
- c. Each installment fee paid is fully earned.
- d. A late fee of \$10 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

Neuman, Gayle

From: DCrockett@ffic.com
Sent: Tuesday, August 22, 2006 11:53 AM
To: Neuman, Gayle
Cc: DSowell@ffic.com; kcole@ffic.com
Subject: Fw: Allied Health Purchasing Group Assoc. Filing #CGIL-MTP-IL-05-06-RA

Hello Gayle,

To confirm our telephone, our amendment to the Installment Plan will be sent to your attention by the end of the week.

Please feel free to contact me, if you have any questions or comments.

Thanks for your cooperation in this matter.

Daphne Crockett
 Compliance Manager
 Fireman's Fund Specialty Insurance
 Office 312.715.5550
 Cell 312.342.5764
 FAX 877.247.4320
 dcrockett@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <kcole@ffic.com>

cc

08/17/2006 07:55 AM

Subject Allied Health Purchasing Group Assoc. Filing #CGIL-MTP-IL-05-06-RA

M. Cole,

Attached are two e-mails dated 5/22/06 and 7/31/06 that Chicago Insurance Company has failed to respond on.

Additionally, as you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate Bill 475), requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing the filing referenced above, we note that your quarterly installment plan does not meet and/or address some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 23, 2006.

8/22/2006

Quarterly Premium Payment Installment Plan Prescribed Requirements

All companies writing medical liability insurance shall file with the Secretary or Director a plan to offer each medical liability insured the option to make premium payments, in at least quarterly installments. For purposes of this requirement, insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than \$500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans subject to this Section shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.

- i) An initial payment of no more than 40% of the estimated total premium due at policy inception;
- ii) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;
- iii) No interest charges;
- iv) Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less;
- v) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Additionally, please confirm if the company implemented these changes as of May 1, 2006? If not, is the company planning to implement the changes as of the date the review of the filing is completed?

Your immediate attention is requested.

From: Neuman, Gayle

Sent: Monday, July 31, 2006 1:56 PM

To: 'kcole@FFIC.COM'

Subject: FW: Allied Health Purchasing Group Assoc. Filing #CGIL-MTP-IL-05-06-RA

Ms. Cole,

No response to the attached e-mail has been received. Your response is due no later than August 7, 2006.

From: Neuman, Gayle

Sent: Monday, May 22, 2006 1:44 PM

To: 'kcole@ffic.com'

8/22/2006

Subject: Allied Health Purchasing Group Assoc. Filing #CGIL-MTP-IL-05-06-RA

Ms. Cole,

With your April 13, 2006, you provide some updated manual pages to include information about the quarterly premium installment plan. Pages lettered "AHPGA" and "AHPGA-OPT" were provided, however we will need pages lettered "AHPGA - RES, REH" with the updated information.

Your prompt attention is appreciated.

Gayle Neuman

Property & Casualty Compliance Unit, Division of Insurance

Illinois Department of Financial & Professional Regulation

(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

8/22/2006

Neuman, Gayle

From: Neuman, Gayle
Sent: Thursday, August 17, 2006 7:56 AM
To: 'kcole@ffic.com'
Subject: Allied Health Purchasing Group Assoc. Filing #CGIL-MTP-IL-05-06-RA

M. Cole,

Attached are two e-mails dated 5/22/06 and 7/31/06 that Chicago Insurance Company has failed to respond on.

Additionally, as you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate Bill 475), requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing the filing referenced above, we note that your quarterly installment plan does not meet and/or address some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 23, 2006.

Quarterly Premium Payment Installment Plan Prescribed Requirements

All companies writing medical liability insurance shall file with the Secretary or Director a plan to offer each medical liability insured the option to make premium payments, in at least quarterly installments. For purposes of this requirement, insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than \$500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans subject to this Section shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.

- i) An initial payment of no more than 40% of the estimated total premium due at policy inception;
- ii) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;
- iii) No interest charges;
- iv) Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less;
- v) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Additionally, please confirm if the company implemented these changes as of May 1, 2006? If not, is the company planning to implement the changes as of the date the review of the filing is completed?

Your immediate attention is requested.

From: Neuman, Gayle
Sent: Monday, July 31, 2006 1:56 PM
To: 'kcole@FFIC.COM'
Subject: FW: Allied Health Purchasing Group Assoc. Filing #CGIL-MTP-IL-05-06-RA

Ms. Cole,

No response to the attached e-mail has been received. Your response is due no later than August 7, 2006.

From: Neuman, Gayle
Sent: Monday, May 22, 2006 1:44 PM
To: 'kcole@ffic.com'
Subject: Allied Health Purchasing Group Assoc. Filing #CGIL-MTP-IL-05-06-RA

Ms. Cole,

With your April 13, 2006, you provide some updated manual pages to include information about the quarterly premium installment plan. Pages lettered "AHPGA" and "AHPGA-OPT" were provided, however we will need pages lettered "AHPGA - RES, REH" with the updated information.

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

Neuman, Gayle

From: Neuman, Gayle
Sent: Monday, May 22, 2006 1:44 PM
To: 'kcole@ffic.com'
Subject: Allied Health Purchasing Group Assoc. Filing #CGIL-MTP-IL-05-06-RA

Ms. Cole,

With your April 13, 2006, you provide some updated manual pages to include information about the quarterly premium installment plan. Pages lettered "AHPGA" and "AHPGA-OPT" were provided, however we will need pages lettered "AHPGA - RES, REH" with the updated information.

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through our website at http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us



kcole@ffic.com
04/13/2006 10:50 AM

To Gayle_Neuman@ins.state.il.us
cc
bcc
Subject Chicago Insurance Company - Allied Health Purchasing
Group Association Filing: #CGIL-MTP-IL-05-06-RA

Greeting,

The Chicago Insurance Company (NAIC # 22810) offers a response to your inquiries regarding our installment plan.

The installment plan for our Allied Health PGA includes quarterly payments with a billing fee of \$15 or 2.5% of the annual premium. A late fee of \$10 or 1.5% of the annual premium has also been incorporated in the installment plan.

Rule 14 has been added to our rating manual to facilitate the installment plan. The revised manual is included in this response.

We hope our response will enable you to complete your review of our filing.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981
(See attached file: AHPGA 6-1-06 IL.pdf)

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from



any computer. Thank you. AHPGA 6-1-06 IL.pdf

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rating Rule Manual
Effective 2-15-2004

1. **Application:**

This manual contains the rating rules for all members of this purchasing group, except for the following classes: Allied Health Professionals other than Physical Therapist, Optometrist and Mental Health Specialists, Respiratory Therapists, Rehabilitation Therapists and Student Blanket.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Decreased or Increased Limits:**

The following Decreased or Increases Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rating Rule Manual
Effective 2-15-2004

6. **Exposure Reduction:**

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Athletic Trainer

Dietician

Occupational Therapist

Pharmacists

b.) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. **Additional Insured Premium:**

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rating Rule Manual
Effective 2-15-2004

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 is the policy premium.

11. **Group Size:**

Practices which insure more than one professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. **Risk Management Education:**

Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

13. **Additional Limits:**

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 2/15/04

1. **Application:**
This manual contains the rating rules for all individual and group Optometric members of this purchasing group.
2. **Limits:**
The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.
3. **Rounding:**
Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.
4. **Changes:**
Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.
5. **Decreased or Increased Limits:**
The following Decreased or Increased Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 2/15/04

6. **Exposure Reduction:**

Reduced rates apply to Optometrists engaged in practices that reduce the risk of loss. If an Optometrist qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual Optometrists who have graduated within one year prior to the policy effective date. The rate for such Optometrists shall be 25% of the rate shown on the rate page.

b.) **Part-time Practice:**

Part-time rates apply to Optometrists practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed/employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Optometric
Rating Rule Manual
Effective 2/15/04

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 above is the policy premium.

11. **Group Size:**

Practices that consist of more than one ratable Optometric professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such group policy. This credit shall be applied to the policy premium according to the following schedule:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. **Risk Management Education:**

Optometrists are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the ratable professionals must have attended a “seminar” for this credit to apply.

13. **Additional Insurance:**

Premium is reduced for self-employed Optometrists obtaining office package insurance coverage from FFIC. The premium for such policies is 84% of the policy premium.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Respiratory Therapists and Rehabilitation Therapists
Rating Rule Manual
Effective 2/15/04

1. **Application:**
This manual contains the rating rules for all members of this purchasing group reflected in title.
2. **Limits:**
The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.
3. **Rounding:**
Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

 \$.49 or less shall be dropped;
 \$.50 or more shall be rounded to the next whole dollar.
4. **Changes:**
Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.
5. **Decreased or Increased Limits:**
The following Decreased or Increases Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$6,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Respiratory Therapists and Rehabilitation Therapists
Rating Rule Manual
Effective 2/15/04

6. **Exposure Reduction:**

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Respiratory Therapist

b.) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Respiratory Therapists and Rehabilitation Therapists
Rating Rule Manual
Effective 2/15/04

9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 is the policy premium.

11. **Group Size:**

Practices which insure more than one professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. **Risk Management Education:**

Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

13. **Additional Limits:**

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.



kcole@ffic.com
02/01/2006 08:21 AM

To Gayle_Neuman@ins.state.il.us
cc
bcc
Subject Re: Chicago Ins Co Allied Health Purchasing Group Assoc
Filing #CGIL-MTP-IL-05-06-RA

Ms. Neuman,

The Chicago Insurance Company (NAIC # 22810) appreciates your response to our filing. We have addressed your concerns below.

Our medical malpractice policies for healthcare practitioners average premium in IL is \$200. The price can range from \$35 for students to approximately \$1900 for Nurse Practitioners.

On average we issue between 9,000 and 10,000 policies annually in IL for these classes of business overall.

For all of these professions we offer the use of credit card for payment and for any premiums in excess of \$1000 the insured has the option to use a premium finance company.

For this high volume low premium business, it is necessary to maintain an efficient and cost effective administration process. The added steps required to administer an installment payment plan will result in a significant increase to the ultimate dollars paid by our insureds.

It is estimated that in order to accommodate an installment payment plan on these low premium policies, we must attach added fees to the price the ultimate customer pays of as much as \$100. Which on a \$35 or even \$100 policy is at minimum doubling the price. This estimated price does not include costs related to the paperwork and labor associated with potential late payments by the customer which create cancellations and considerations for reinstatements when/if the insured finally pays, etc.

Our current automated process for administering this business will not accommodate an installment plan. A manual process would have to be implemented.

Bare minimum we would ask that a minimum premium threshold for these installment plans is set at \$1,500.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981

Gayle_Neuman@ins.
state.il.us

To

01/17/2006 03:31
PM

kcole@ffic.com

cc

Subject
Chicago Ins Co Allied Health
Purchasing Group Assoc Filing
#CGIL-MTP-IL-05-06-RA

Ms. Cole,

SB 475 requires insurers that issue a medical malpractice policy offer the insured a quarterly premium payment installment plan. The premium payment installment plan must be filed in the rate/rule manual. Please provide us with information, not limited to:

- a. Are these quarterly payments each 25% of the premium?
- b. Do you charge the insured anything for the payment plan, i.e. installment fees, etc.? Are any other payment installment plans offered?
- c. Will you offer every new insured and every renewal insured such plan(s) after January 1, 2006?

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received

this E-mail in error, please notify the sender and delete the material from any computer. Thank you.



kcole@ffic.com
01/16/2006 02:53 PM

To Gayle_Neuman@ins.state.il.us
cc
bcc
Subject Re: Chicago Ins Co Allied Health Purchasing Group Assoc
Filing #CGIL-MTP-IL-05-06-RA

Ms. Neuman,

The Chicago Insurance Company (NAIC # 22810) appreciates your response to our filing. We have addressed your concerns below.

1. A signed copy of the certification form is attached.
2. The rating rules approved in the Allied Health Purchasing Group filing effective February 15, 2004 are still in use by the Chicago Insurance Company. The current manual is included in this response.
3. We report our statistics to the National Independent Statistical Service (NISS).
4. Neither the occupational therapists, medical technologists nor optometrists include a scheduled rating plan.
5. The Allied Health Purchasing Group offers these coverages on an occurrence basis.
6. The general liability rates are not affected by the proposed changes.
7. The Chicago Insurance Company does not unfairly discriminate in offering or administering the Miscellaneous Therapists Programs.

We hope our response will enable you to complete your review of our filing.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981
(See attached file: MTP ILLINOIS CERTIFICATION2.pdf) (See attached file:
AHPGA -RATING RULES MT.pdf)

Gayle_Neuman@ins.
state.il.us

01/09/2006 10:07
AM

kcole@ffic.com

To

cc

Subject

Chicago Ins Co Allied Health
Purchasing Group Assoc Filing
#CGIL-MTP-IL-05-06-RA

Ms. Cole,

We are in receipt of the above referenced filing submitted by cover letter dated December 23, 2005. Please address the following:

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. Please complete the attached certification form.
2. Provide a copy of the complete rate/rule manual, including any changes made with this filing. 50 Ill. Adm. Code 929.30 requires identification of all changes from superseding filings. We request a written statement indicating the only changes made to the filing were disclosed to this Division.
3. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
4. Indicate if your company has a scheduled rating plan for the purchasing group coverages and if so, indicate the page in your rate/rule manual where this information can be found.
5. Are these coverages occurrence or claims-made? This should be clarified at the beginning of each separate section.
6. Manual pages currently filed reference general liability coverage - is this part of the rate increase being filed?
7. We require a written statement certifying that the insurance company does not unfairly discriminate in offering or administering this program.

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS.

IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY
SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18) (3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, _____ (Name of officer typed or printed) _____, a duly authorized officer of _____ (Name of Insurer typed or printed) _____, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, _____ (Name of actuary typed or printed) _____, a duly authorized actuary of _____ (Name of actuary firm typed or printed) _____ am authorized to certify on behalf of (Name of Insurance Company) making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer
Date

Signature, Title and Designation of Authorized Actuary
Date

Insurance Company FEIN _ _ - _ _ _ _ _

Filing Number

Insurer's Address

City _____ State _____ Zip _____
Code _____

Contact Person's:

-Name and E-mail

-Direct Telephone and Fax
Number

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.



MTP ILLINOIS CERTIFICATION2.pdf AHPGA -RATING RULES MT.pdf

The Fireman's Fund Insurance Companies

Rate Filing

Effective May 1, 2006

Actuarial Memorandum

Optometrists/Medical Technologists/Occupational Therapists Professional Liability

Please find attached actuarial support for the following rate changes:

1. We are introducing a Self-Employed Optometrist rate at a rate level of 20.0% above the Employed Optometrist rate. Currently, Self-Employed Optometrists are rated the same as Employed Optometrists. The Employed Optometrist rate will receive a 0.0% rate change. (Refer to Exhibit 2A for supporting data.)
2. We are introducing a Self-Employed Medical Technologist rate at a rate level of 20.0% above the Employed Medical Technologist rate. Currently, Self-Employed Medical Technologists are rated the same as Employed Medical Technologists. The Employed Medical Technologists rate will receive a 0.0% rate change. Additionally, we are introducing an Employee rate. The Employee class is an employee of a Self-Employed Medical Technologist. Currently, the Employee rate is the same as the Employed rate. Our Self-Employed data includes the experience of this Employee class; therefore, we are requesting a 20% increase for this new Employee class as well.
3. We are requesting a 7.0% base rate increase for all Occupational Therapists. (Refer to Exhibit 2 for supporting data.)

The introduction of the Self-Employed rate for Optometrists and Medical Technologists is intended to account for the additional risk presented by these exposures. A self-employed practitioner generally works independently and has complete and independent control of the decision making process, thus assuming greater liability for these decisions. A self-employed practitioner may also have employees for which they assume vicarious liability, and also may be working in a facility that they operate and manage. Neither of these risk elements is associated with an employed practitioner and therefore increases the risk of providing coverage to a self-employed practitioner.

The overall rate effect of these changes is an increase of 11.3% countrywide compared to our overall indicated rate increase of 119.9%.

Our overall indication and indications by class (where applicable) are developed on the attached exhibits. The exhibits provide the detailed backup for the various factors used to develop the overall and class indications. In general, our individual state experience lacks sufficient credibility to develop indications at the state level so our analysis is predicated on countrywide data. We included data from our overall Miscellaneous

Therapists programs when choosing trend factors and loss development factors due to the small size and lack of sufficient credibility of the Optometrists/Medical Technologists/Occupational Therapists group.

Exhibit 1, Sheet 1
The Fireman's Fund Insurance Companies
Optometrists Professional Liability
Development of Rate Indication

(1) Countrywide Experience Loss & ALAE Ratio	113.7%
(2) Number of Projected Ultimate Claims	273
(3) Credibility of Countrywide Experience	63.2%
(4) Complement of Credibility	36.8%
(5) Permissible Loss & ALAE Ratio	49.0%
(6) Trended Permissible Loss & ALAE Ratio	52.3%
(7) Credibility Weighted Loss & ALAE Ratio	91.1%
(8) Credibility Weighted Rate Indication	86.0%
(9) Selected Rate Change	15.4%

Notes:

- (1) From Exhibit 2 Sheet 1, Row 15
- (2) Total from Column (7) of Exhibit 2 Sheet 1.
- (3) Minimum of 1.00 or $\{ (2) / 683 \} ^{0.5}$.
- (4) $= 1 - (3)$
- (5) From Exhibit 6, Row 11
- (6) $= (5) \times (1 + \text{trend from Exhibit 5})$
- (7) $= \{ (1) \times (3) \} + \{ (4) \times (6) \}$
- (8) $= [(7) / (5)] - 1$

Exhibit 1, Sheet 2
The Fireman's Fund Insurance Companies
Medical Technologists Professional Liability
Development of Rate Indication

(1) Countrywide Experience Loss & ALAE Ratio	255.5%
(2) Number of Projected Ultimate Claims	99
(3) Credibility of Countrywide Experience	38.0%
(4) Complement of Credibility	62.0%
(5) Permissible Loss & ALAE Ratio	49.0%
(6) Trended Permissible Loss & ALAE Ratio	52.3%
(7) Credibility Weighted Loss & ALAE Ratio	129.6%
(8) Credibility Weighted Rate Indication	164.7%
(9) Selected Rate Change	10.1%

Notes:

- (1) From Exhibit 2 Sheet 2, Row 15
- (2) Total from Column (7) of Exhibit 2 Sheet 2.
- (3) Minimum of 1.00 or $\{ (2) / 683 \} ^{0.5}$.
- (4) $= 1 - (3)$
- (5) From Exhibit 6, Row 11
- (6) $= (5) \times (1 + \text{trend from Exhibit 5})$
- (7) $= \{ (1) \times (3) \} + \{ (4) \times (6) \}$
- (8) $= [(7) / (5)] - 1$

Exhibit 1, Sheet 3
The Fireman's Fund Insurance Companies
Occupational Therapists Professional Liability
Development of Rate Indication

(1) Countrywide Experience Loss & ALAE Ratio	58.2%
(2) Number of Projected Ultimate Claims	158
(3) Credibility of Countrywide Experience	48.1%
(4) Complement of Credibility	51.9%
(5) Permissible Loss & ALAE Ratio	49.0%
(6) Trended Permissible Loss & ALAE Ratio	52.3%
(7) Credibility Weighted Loss & ALAE Ratio	55.1%
(8) Credibility Weighted Rate Indication	12.5%
(9) Selected Rate Change	7.0%

Notes:

- (1) From Exhibit 2 Sheet 3, Row 15
- (2) Total from Column (7) of Exhibit 2 Sheet 3.
- (3) Minimum of 1.00 or $\{ (2) / 683 \} ^{0.5}$.
- (4) $= 1 - (3)$
- (5) From Exhibit 6, Row 11
- (6) $= (5) \times (1 + \text{trend from Exhibit 5})$
- (7) $= \{ (1) \times (3) \} + \{ (4) \times (6) \}$
- (8) $= [(7) / (5)] - 1$

Exhibit 2, Sheet 1
The Fireman's Fund Insurance Companies
Optometrists Professional Liability

Ratemaking Calculations - Countrywide

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Accident Year	Earned Premium	On-Level Factors	On-Level Earned Premium	Paid Loss and ALAE	Case Reserves	Reported Loss and ALAE	Ultimate Claim Counts
2000	2,581,434	1.146	2,957,807	1,314,280	1,037,511	2,351,791	55
2001	2,975,469	1.146	3,409,293	911,190	981,100	1,892,290	51
2002	2,916,013	1.146	3,341,167	1,128,488	130,005	1,258,493	49
2003	3,087,853	1.146	3,538,062	808,340	308,411	1,116,751	67
2004	3,630,020	1.085	3,939,410	38,563	145,536	184,099	51
Total	15,190,790		17,185,739	4,200,861	2,602,563	6,803,424	273

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Accident Year	Paid Link Ratio	Reported Link Ratio	Rptd Bornhuetter-Ferguson	Selected Ultimate Losses	Trend Factors	Trended Selected Ultimate Losses	Ultimate Loss Ratio
2000	1,755,883	2,953,438		2,354,660	1.566	3,688,252	124.7%
2001	1,483,620	2,763,825		2,123,722	1.467	3,114,588	91.4%
2002	2,839,965	2,506,784		2,673,374	1.373	3,671,566	109.9%
2003	7,508,990	4,590,268	3,655,411	4,122,839	1.286	5,302,451	149.9%
2004	3,010,908	2,514,489	3,839,242	3,121,546	1.204	3,759,575	95.4%
Total	16,599,366	15,328,803	7,494,653	14,396,142		19,536,433	113.7%

(15) Experience Loss and ALAE Ratio							113.7%
-------------------------------------	--	--	--	--	--	--	--------

Notes

- (1) From Exhibit 5.
- (2) Based on historical rate changes; see Exhibit 3 Sheet 2.
- (3) = (1) x (2)
- (4)-(7) From Exhibit 5.
- (8)-(9) Based on loss development factors in Exhibit 6.
- (10) A priori loss ratio equals average of (14), AYs 2000-2002
- (11) Selected judgmentally based on (8) - (10).
- (12) From Exhibit 5.
- (13) = (11) x (12)
- (14) = (13) / (3)

Exhibit 2A, Sheet 1
The Fireman's Fund Insurance Companies
Optometrists Professional Liability
Premium and Loss Experience Evaluated June 30, 2005

(1) Accident Year	(2) Earned Premium	(3) On-Level Factors	(4) On-Level Earned Premium	(5) Incurred Loss & ALAE	Self-employed		(8) Ultimate Trended Loss & ALAE	(9) Ultimate Trended On-Level Loss Ratio	(10) Relativity	(11) Indicated Rate Change	(12) Selected Rate Change
					(6) Trend Factors	(7) Incurred Loss Development Factors					
2000	\$1,945,686	1.146	\$2,229,367	\$1,921,045	1.566	1.256	\$3,778,845	169.50%			
2001	2,307,618	1.146	2,644,069	1,159,555	1.467	1.461	2,483,803	93.94%			
2002	2,294,909	1.146	2,629,507	1,020,076	1.373	1.992	2,790,554	106.12%			
2003	2,376,470	1.146	2,722,960	1,027,544	1.286	4.110	5,432,034	199.49%			
2004	2,779,436	1.085	3,016,329	184,099	1.204	13.658	3,028,438	100.40%			
Total	\$11,704,119		\$13,242,232	\$5,312,320			\$17,513,673	132.3%	1.080	92.9%	20.0%
2000	\$535,748	1.146	\$728,440	\$430,746	1.566	1.256	\$847,310	116.32%			
2001	667,851	1.146	765,224	732,735	1.467	1.461	1,569,540	205.11%			
2002	621,104	1.146	711,661	238,417	1.373	1.992	652,220	91.65%			
2003	711,383	1.146	815,103	89,207	1.286	4.110	471,585	57.86%			
2004	850,585	1.085	923,081	0	1.204	13.658	0	0.00%			
Total	\$3,486,670		\$3,943,508	\$1,491,104			\$3,540,655	89.8%	0.733	63.0%	0.0%
2000	\$2,581,434	1.146	\$2,957,807	\$2,351,791	1.566	1.256	\$4,626,154	156.40%			
2001	2,975,469	1.146	3,409,293	1,892,290	1.467	1.461	4,053,343	118.89%			
2002	2,916,013	1.146	3,341,167	1,258,493	1.373	1.992	3,442,774	103.04%			
2003	3,087,853	1.146	3,538,062	1,116,751	1.286	4.110	5,903,619	166.86%			
2004	3,630,020	1.085	3,939,410	184,099	1.204	13.658	3,028,438	76.88%			
Total	\$15,190,790		\$17,185,739	\$6,803,424			\$21,054,328	122.5%	1.000	86.0%	15.4%

Exhibit 2A, Sheet 2
The Fireman's Fund Insurance Companies
Medical Technologists Professional Liability
Premium and Loss Experience Evaluated June 30, 2005

(1) Accident Year	(2) Earned Premium	(3) On-Level Factors	(4) On-Level Earned Premium	Self-employed			(8) Ultimate Trended Loss & ALAE	(9) Ultimate Trended On-Level Loss Ratio	(10) Relativity	(11) Indicated Rate Change	(12) Selected Rate Change
				(5) Incurred Loss & ALAE	(6) Trend Factors	(7) Incurred Loss Development Factors					
2000	\$421,118	1.146	\$482,517	\$2,545,422	1.566	1.256	\$5,007,042	1,037.69%			
2001	436,523	1.146	500,168	676,625	1.467	1.461	1,449,352	289.77%			
2002	553,756	1.146	634,494	476,146	1.373	1.992	1,302,560	205.29%			
2003	693,375	1.146	794,470	679,860	1.286	4.110	3,594,027	452.38%			
2004	678,843	1.085	736,702	125,047	1.204	13.658	2,057,032	279.22%			
Total	\$2,783,616		\$3,148,350	\$4,503,100			\$13,410,013	425.9%	3.477	299.1%	20.0%
Employed											
2000	\$521,865	1.146	\$597,953	\$71,264	1.566	1.256	\$140,182	23.44%			
2001	507,864	1.146	581,910	256,245	1.467	1.461	548,885	94.32%			
2002	519,070	1.146	594,751	0	1.373	1.992	0	0.00%			
2003	554,346	1.146	635,170	190,891	1.286	4.110	1,009,133	158.88%			
2004	602,086	1.085	653,402	3,511	1.204	13.658	57,756	8.84%			
Total	\$2,705,231		\$3,063,186	\$521,912			\$1,755,956	57.3%	0.468	40.2%	0.0%
Total Medical Technologists											
2000	\$942,983	1.146	\$1,080,470	\$2,616,686	1.566	1.256	\$5,147,224	476.39%			
2001	944,386	1.146	1,082,078	932,871	1.467	1.461	1,998,237	184.67%			
2002	1,072,826	1.146	1,229,244	476,146	1.373	1.992	1,302,560	105.96%			
2003	1,247,722	1.146	1,429,640	870,751	1.286	4.110	4,603,159	321.98%			
2004	1,280,929	1.085	1,390,104	128,558	1.204	13.658	2,114,789	152.13%			
Total	\$5,488,847		\$6,211,536	\$5,025,012			\$15,165,969	244.2%	1.993	164.7%	10.1%

Exhibit 3, Sheet 1
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Date	Rate Change	Rate Level	Overall Effective Rate Change	Factor to																	
				Accident Year	Average Rate Level	Current Rate Level	Current Rate Level	2000	2001	2002	2003	2004	2005								
9/1/1998 2/15/2004 7/1/2005	2.24% 4.70% -0.85%	1.0000 1.0224 1.0470 0.9915	1.0000 1.0224 1.0705 1.0614	1997	1.0000	1.0614	1.0614	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
				1998	1.0012	1.0614	1.0600	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
				1999	1.0174	1.0614	1.0432	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
				2000	1.0224	1.0614	1.0381	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
				2001	1.0224	1.0614	1.0381	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
				2002	1.0224	1.0614	1.0381	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
				2003	1.0224	1.0614	1.0381	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
				2004	1.0408	1.0614	1.0198	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
				2005	1.0689	1.0614	0.9929	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
				Overall Effective Rate Level:				1.0000	1.0012	1.0174	1.0224	1.0224	1.0224	1.0224	1.0224	1.0224	1.0224	1.0224	1.0224	1.0224	1.0224

Exhibit 3, Sheet 2

Date	Rate Change	Rate Level	Overall Effective Rate Change	Accident Year	Average		Current		Factor to Current		
					Rate	Level	Rate	Level	Rate	Level	
9/1/1998	19.54%	1.0000	1.0000	1997	1.0000	1.3697	1.3697	1.3697	1.3697	1.3697	
	14.58%	1.1954	1.1954	1.0000	1.0108	1.3550	1.3697	1.3550	1.3550	1.3550	
1.1458		1.1458	1.1954	1.1520	1.3697	1.1890	1.3697	1.1890	1.1890		
Average Rate Level:		1.1458	1.1458	2000	1.1954	1.3697	1.1458	1.3697	1.1458	1.1458	
		1.3697	1.1458	1.1458	2001	1.1954	1.3697	1.1458	1.3697	1.1458	1.1458
			1.1458	1.1458	2002	1.1954	1.3697	1.1458	1.3697	1.1458	1.1458
1.1458	1.1458		2003	1.1954	1.3697	1.1458	1.3697	1.1458	1.1458		
				2004	1.2621	1.3697	1.0852	1.3697	1.0852	1.0852	
				2005	1.3683	1.3697	1.0010	1.3697	1.0010	1.0010	

Exhibit 3, Sheet 3

Overall
Effective

Exhibit 3, Sheet 4

Overall
Effective

Exhibit 4, Sheet 1
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Paid Loss Development Factors by Accident Year
Countrywide

Accident Year	Paid Losses and ALAE										
	Evaluation Age in Months										
	6	18	30	42	54	66	78	90	102	114	126
1995	-	81,000	1,063,000	4,524,000	5,149,000	5,781,000	6,109,000	6,797,000	7,297,000	7,356,000	7,415,000
1996	5,000	185,000	507,000	2,303,000	3,917,000	4,328,000	5,177,000	5,199,000	5,307,000	5,309,000	-
1997	-	19,000	218,000	1,207,000	2,446,000	3,552,000	4,930,000	5,951,000	6,026,000	-	-
1998	-	79,000	499,000	1,981,000	2,703,000	4,687,000	5,026,000	5,282,000	-	-	-
1999	10,000	52,000	381,000	1,630,000	3,449,000	3,787,000	4,676,000	-	-	-	-
2000	7,000	75,000	326,000	1,820,000	5,049,000	5,546,000	-	-	-	-	-
2001	-	141,000	804,000	1,909,000	3,158,000	-	-	-	-	-	-
2002	-	104,000	1,481,000	2,747,000	-	-	-	-	-	-	-
2003	5,000	142,000	-	-	-	-	-	-	-	-	-
2004	10,000	218,000	-	-	-	-	-	-	-	-	-
2005	7,000	-	-	-	-	-	-	-	-	-	-

Age-to-Age Factors

Accident Year	Evaluation Age in Months										
	Evaluation Age in Months										
	6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult.
1995		13.123	4.256	1.138	1.123	1.057	1.113	1.074	1.008	1.008	
1996	37.000	2.741	4.542	1.701	1.105	1.196	1.004	1.021	1.000		
1997		11.474	5.537	2.027	1.452	1.388	1.207	1.013			
1998		6.316	3.970	1.364	1.734	1.072	1.051				
1999	5.200	7.327	4.278	2.116	1.098	1.235					
2000	10.714	4.347	9.761	1.587	1.098						
2001		5.702	2.374	1.654							
2002		14.240									
2003	28.400		1.855								
2004	21.800										

Average Development

Average Type	Evaluation Age in Months										
	Evaluation Age in Months										
	6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult.
All Years	20.623	8.896	4.572	1.655	1.268	1.190	1.094	1.036	1.004	1.008	
Latest 3	25.100	11.579	4.663	1.786	1.310	1.232	1.087	1.036	1.004	1.008	
Ex. H-Low	20.305	8.933	4.160	1.667	1.195	1.168	1.082	1.021			
Wtd. Avg.	29.622	8.405	3.691	1.546	1.219	1.171	1.094	1.038	1.005	1.008	
Wtd. Last 3	30.933	11.333	3.002	1.734	1.252	1.217	1.086	1.038	1.005	1.008	

Selected Loss Development Factors

Age-to-Age	29.622	8.405	3.691	1.546	1.219	1.171	1.094	1.038	1.005	1.000	1.000
Age-to-Ult	2,312.797	78.078	9,289	2,517	1,628	1,336	1,141	1,043	1,005	1,000	1,000

Exhibit 4, Sheet 2
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability
 Incurred Loss Development Factors by Accident Year
 Countrywide

Accident Year	Incurred Losses and ALAE										
	Evaluation Age in Months										
	5	18	30	42	54	66	78	90	102	114	126
1995	8,000	736,000	2,589,000	4,961,000	5,587,000	6,293,000	6,537,000	8,139,000	8,554,000	8,539,000	7,581,000
1996	57,000	432,000	2,506,000	3,624,000	4,645,000	4,979,000	5,343,000	5,359,000	5,382,000	5,384,000	-
1997	48,000	218,000	886,000	2,231,000	3,520,000	4,577,000	6,124,000	6,056,000	6,056,000	-	-
1998	49,000	602,000	1,653,000	3,328,000	4,524,000	5,458,000	5,411,000	5,507,000	-	-	-
1999	28,000	261,000	1,217,000	3,198,000	3,865,000	4,227,000	5,896,000	-	-	-	-
2000	27,000	517,000	939,000	3,865,000	5,684,000	6,823,000	-	-	-	-	-
2001	118,000	514,000	1,958,000	3,646,000	6,059,000	-	-	-	-	-	-
2002	17,000	913,000	2,848,000	-	-	-	-	-	-	-	-
2003	130,000	1,271,000	3,562,000	-	-	-	-	-	-	-	-
2004	102,000	752,000	-	-	-	-	-	-	-	-	-
2005	169,000	-	-	-	-	-	-	-	-	-	-

Accident Year	Age-to-Age Factors										
	Evaluation Age in Months										
	6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult.
1995	92,000	3,518	1,916	1,126	1,126	1,039	1,245	1,051	0.998	0.888	
1996	7,579	5,801	1,446	1,282	1,072	1,073	1,003	1,004	1,000		
1997	4,542	4,064	2,518	1,578	1,300	1,338	0.989	1,000			
1998	12,286	2,746	2,013	1,359	1,206	0.991	1,018				
1999	9,321	4,663	2,628	1,209	1,094	1,395					
2000	19,148	1,816	4,116	1,471	1,200						
2001	4,356	3,809	1,862	1,662							
2002	53,706	3,119	1,849								
2003	9,777	2,803									
2003	7,373										

Average Type	Average Development										
	Evaluation Age in Months										
	6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult.
All Years	22,009	3,593	2,294	1,384	1,167	1,167	1,064	1,018	0.999	0.888	
Latest 3	23,618	3,244	2,609	1,447	1,167	1,241	1,003	1,018	0.999	0.888	
Ex. Hi-Lo	15,466	3,532	2,131	1,380	1,157	1,150	1,010	1,004			
Wtd. Avg.	10,644	3,323	2,063	1,363	1,163	1,148	1,070	1,022	0.999	0.888	
Wtd. Last 3	11,791	3,102	2,224	1,457	1,173	1,222	1,003	1,022	0.999	0.888	

Selected Loss Development Factors											
Age-to-Age	10,644	3,323	2,063	1,363	1,163	1,148	1,070	1,022	1,000	1,000	
Age-to-Ult	145,374	13,658	4,110	1,992	1,461	1,256	1,094	1,022	1,000	1,000	

Exhibit 4, Sheet 3
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Claim Count Development Factors by Accident Year
Countrywide

Accident Year	Reported Claim Counts											
	Evaluation Age in Months											
	6	18	30	42	54	66	78	90	102	114	126	
1995	6	94	139	169	178	188	192	195	199	199	200	
1996	12	69	123	156	174	180	183	185	185	186	-	
1997	10	55	111	149	160	165	167	168	168	-	-	
1998	9	76	132	167	187	193	194	198	-	-	-	
1999	11	86	140	166	173	178	182	-	-	-	-	
2000	24	103	139	170	181	188	-	-	-	-	-	
2001	14	69	107	144	158	-	-	-	-	-	-	
2002	12	98	137	158	-	-	-	-	-	-	-	
2003	35	126	168	-	-	-	-	-	-	-	-	
2004	36	112	-	-	-	-	-	-	-	-	-	
2005	43	-	-	-	-	-	-	-	-	-	-	
Age-to-Age Factors												
Accident Year	Evaluation Age in Months											
	6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult	
1995	15.667	1.479	1.216	1.053	1.056	1.021	1.016	1.021	1.000	1.005		
1996	5.750	1.783	1.268	1.115	1.034	1.017	1.011	1.000	1.005			
1997	5.500	2.018	1.342	1.074	1.031	1.012	1.006	1.000				
1998	8.444	1.737	1.265	1.120	1.032	1.005	1.021					
1999	7.818	1.628	1.186	1.042	1.029	1.022						
2000	4.292	1.350	1.223	1.065	1.039							
2001	4.929	1.551	1.346	1.097								
2002	8.167	1.398	1.153									
2003	3.600	1.333										
2003	3.111											
Average Development												
Average Type	Evaluation Age in Months											
	6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult	
All Years	6.728	1.586	1.250	1.081	1.037	1.016	1.013	1.007	1.003	1.005		
Latest 3	4.959	1.427	1.241	1.068	1.033	1.013	1.013	1.007	1.003	1.005		
Ex. Hi-Lo	6.062	1.561	1.250	1.081	1.034	1.017	1.013	1.000	1.003	1.005		
Wtd. Avg.	5.254	1.541	1.244	1.080	1.037	1.015	1.014	1.007	1.003	1.005		
Wtd. Last 3	4.048	1.406	1.232	1.067	1.033	1.013	1.013	1.007	1.003	1.005		
Selected Loss Development Factors												
Age-to-Age	5.254	1.541	1.244	1.080	1.037	1.015	1.014	1.007	1.003	1.000	1.000	
Age-to-Ult	11.749	2.236	1.451	1.166	1.079	1.040	1.024	1.010	1.003	1.000	1.000	

Exhibit 5
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Countrywide Experience

(1) Accident Year	(2) Paid Loss & ALAE	(3) Incurred Loss & ALAE	(4) Paid Development Factor	(5) Incurred Development Factor	(6) Indicated Ultimate From Paid Development	(7) Indicated Ultimate From Incurred Development	(8) Selected Ultimate Loss & ALAE	(9) Reported Claim Count	(10) Claim Emergence Factor	(11) Ultimate Claim Count	(12) Ultimate Severity	(13) Earned Premium	(14) Premium Factor On Current Level	(15) On Level Earned Premium	(16) Exposure Adjusted Frequency
1996	5,309,000	5,384,000	1.000	1.000	5,309,000	5,384,000	5,346,500	186	1.000	186	28,745	15,086,911	1.061	16,012,553	11.62
1997	6,026,000	6,096,000	1.005	1.000	6,055,164	6,056,000	6,055,592	168	1.003	168	36,045	16,127,300	1.061	17,116,774	9.81
1998	5,282,000	5,507,000	1.043	1.022	5,509,551	5,630,354	5,569,952	198	1.010	200	27,850	17,064,884	1.060	18,089,393	11.06
1999	4,676,000	5,896,000	1.141	1.094	5,333,685	6,451,821	5,852,753	182	1.024	186	31,681	15,546,344	1.043	16,217,819	11.47
2000	5,546,000	6,823,000	1.336	1.256	7,409,476	8,568,494	7,988,985	188	1.040	195	40,969	16,561,034	1.038	17,192,017	11.34
2001	3,158,000	6,059,000	1.628	1.461	5,141,926	8,849,601	6,995,763	158	1.079	170	41,152	16,774,649	1.038	17,413,772	9.76
2002	2,747,000	5,265,000	2.517	1.992	6,913,128	10,467,318	8,700,223	158	1.166	184	47,284	16,973,792	1.038	17,620,502	10.44

1996 - 2002 Fitted Trend 8.0%

-1.1%

Selected 8.0%

-1.1%

Total Trend 6.8%

Accident Year	Annual Trend	Midpoint of Experience	Average Accident Date of Effective Period	Trend Period	Trend Factor
2000	1.068	7/1/2000	5/1/2007	6.83	1.566
2001	1.068	7/2/2001	5/1/2007	5.83	1.467
2002	1.068	7/2/2002	5/1/2007	4.83	1.373
2003	1.068	7/2/2003	5/1/2007	3.83	1.286
2004	1.068	7/1/2004	5/1/2007	2.83	1.204

Exhibit 6
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Projected Expenses

	2000	2001	2002	2003	2004	Selected
(1) Direct Written Premium	131,689	233,543	207,738	156,590	155,744	
(2) Direct Earned Premium	123,005	195,790	235,170	161,165	148,134	
Expense Category:						
(3) Commissions	30,368 23.1%	48,063 20.6%	43,176 20.8%	33,303 21.3%	33,030 21.2%	21.4%
(4) Other Acquisitions	8,151 6.6%	5,977 3.1%	7,849 3.3%	4,825 3.0%	4,082 2.8%	3.8%
(5) General	10,133 8.2%	13,947 7.1%	18,315 7.8%	11,259 7.0%	9,525 6.4%	7.3%
(6) Taxes, Licenses, and Fees	3,296 2.7%	4,793 2.4%	5,859 2.5%	4,000 2.5%	3,304 2.2%	2.5%
(7) Subtotal	51,948 40.6%	72,780 33.2%	75,199 34.4%	53,387 33.7%	49,941 32.6%	34.9%
(8) Unallocated Loss Adjustment Expenses	4,408 3.6%	9,192 4.7%	1,297 0.6%	2,726 1.7%	3,398 2.3%	2.6%
(9) Profit Load						13.6%
(10) Total Expenses						51.0%
(11) Permissible Loss and Allocated Loss Adjustment Expense Ratio						49.0%

Notes:

Based on IEE for Medical Malpractice using Fireman's Fund Insurance Companies consolidated data.

(11) = 1.00 - (10)

Exhibit 7
The Fireman's Fund Insurance Companies
Professional Liability Occurrence
Calculation of Underwriting Profit Provision

	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>Selected</u>
(1) Earned Premium (AS Page 4, Line 1, Col 1)	\$2,624,676,440	\$3,951,255,938	\$4,210,707,223	
(2) Investable Assets (AS Page 2, Line 10, Col 3)	\$10,561,863,002	\$10,808,273,330	\$9,725,795,497	
(3) Surplus (AS Page 3, Line 35, Col 1)	\$2,239,490,119	\$2,858,865,888	\$2,930,106,208	
(4) Net Investment Income Earned (AS Page 4, Line 9, Col 1)	\$472,473,418	\$511,123,917	\$483,732,059	
(5) Net Realized Capital Gains (AS Page 4, Line 10, Col 1)	(\$208,169,492)	(\$9,147,171)	\$10,758,814	
(6) Premium-to-Surplus ratio (1) / (3)	1.17	1.38	1.44	1.30
(7) Professional Liability Occurrence Premium-to-Capital ratio				0.84
(8) Premium-to-Assets ratio (1) / (2)	0.25	0.37	0.43	0.37
(9) Target After-Tax ROE				15.0%
(10) Tax Rate				31.0%
(11) Return on Assets [(4) + (5)] / (2)	2.5%	4.6%	5.1%	4.5%
(UW Income + Investment Income) x (1 - Tax Rate) = (Allocated Capital) x (Target After-Tax ROE)				
(12) UW Profit Provision [(9) / (7)] / [1 - (10)] - [(11) / (8)]				13.6%

Exhibit 1, Sheet 1
The Fireman's Fund Insurance Companies
Optometrists Professional Liability
Development of Rate Indication

(1) Countrywide Experience Loss & ALAE Ratio	159.9%
(2) Number of Projected Ultimate Claims	273
(3) Credibility of Countrywide Experience	63.2%
(4) Complement of Credibility	36.8%
(5) Permissible Loss & ALAE Ratio	49.0%
(6) Trended Permissible Loss & ALAE Ratio	55.5%
(7) Credibility Weighted Loss & ALAE Ratio	121.5%
(8) Credibility Weighted Rate Indication	148.1%
(9) Selected Rate Change	15.4%

Notes:

- (1) From Exhibit 2 Sheet 1, Row 15
- (2) Total from Column (7) of Exhibit 2 Sheet 1.
- (3) Minimum of 1.00 or $\{ (2) / 683 \} ^{0.5}$.
- (4) $= 1 - (3)$
- (5) From Exhibit 6, Row 11
- (6) $= (5) \times (1 + \text{trend from Exhibit 5})$
- (7) $= \{ (1) \times (3) \} + \{ (4) \times (6) \}$
- (8) $= [(7) / (5)] - 1$

Exhibit 1, Sheet 2
The Fireman's Fund Insurance Companies
Medical Technologists Professional Liability
Development of Rate Indication

(1) Countrywide Experience Loss & ALAE Ratio	371.2%
(2) Number of Projected Ultimate Claims	99
(3) Credibility of Countrywide Experience	38.0%
(4) Complement of Credibility	62.0%
(5) Permissible Loss & ALAE Ratio	49.0%
(6) Trended Permissible Loss & ALAE Ratio	55.5%
(7) Credibility Weighted Loss & ALAE Ratio	175.6%
(8) Credibility Weighted Rate Indication	258.6%
(9) Selected Rate Change	10.1%

Notes:

- (1) From Exhibit 2 Sheet 2, Row 15
- (2) Total from Column (7) of Exhibit 2 Sheet 2.
- (3) Minimum of 1.00 or $\{ (2) / 683 \} ^{0.5}$.
- (4) $= 1 - (3)$
- (5) From Exhibit 6, Row 11
- (6) $= (5) \times (1 + \text{trend from Exhibit 5})$
- (7) $= \{ (1) \times (3) \} + \{ (4) \times (6) \}$
- (8) $= [(7) / (5)] - 1$

Exhibit 1, Sheet 3
The Fireman's Fund Insurance Companies
Occupational Therapists Professional Liability
Development of Rate Indication

(1) Countrywide Experience Loss & ALAE Ratio	75.4%
(2) Number of Projected Ultimate Claims	158
(3) Credibility of Countrywide Experience	48.1%
(4) Complement of Credibility	51.9%
(5) Permissible Loss & ALAE Ratio	49.0%
(6) Trended Permissible Loss & ALAE Ratio	55.5%
(7) Credibility Weighted Loss & ALAE Ratio	65.1%
(8) Credibility Weighted Rate Indication	32.9%
(9) Selected Rate Change	7.0%

Notes:

- (1) From Exhibit 2 Sheet 3, Row 15
- (2) Total from Column (7) of Exhibit 2 Sheet 3.
- (3) Minimum of 1.00 or $\{ (2) / 683 \} ^{0.5}$.
- (4) $= 1 - (3)$
- (5) From Exhibit 6, Row 11
- (6) $= (5) \times (1 + \text{trend from Exhibit 5})$
- (7) $= \{ (1) \times (3) \} + \{ (4) \times (6) \}$
- (8) $= [(7) / (5)] - 1$

Exhibit 2, Sheet 1
The Fireman's Fund Insurance Companies
Optometrists Professional Liability

Ratemaking Calculations - Countrywide

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Accident Year	Earned Premium	On-Level Factors	On-Level Earned Premium	Paid Loss and ALAE	Case Reserves	Reported Loss and ALAE	Ultimate Claim Counts
2000	2,561,434	1.146	2,957,807	1,314,260	1,037,511	2,351,791	55
2001	2,975,469	1.146	3,409,293	911,190	981,100	1,892,290	51
2002	2,916,013	1.146	3,341,167	1,129,488	130,005	1,258,493	49
2003	3,087,853	1.146	3,538,062	808,540	308,411	1,116,751	67
2004	3,630,020	1.085	3,939,410	38,563	145,536	184,099	51
Total	15,190,790		17,185,739	4,200,861	2,602,563	6,803,424	273

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Accident Year	Paid Link Ratio	Reported Link Ratio	Rptd Bornhuetter-Ferguson	Selected Ultimate Losses	Trend Factors	Trended Selected Ultimate Losses	Ultimate Loss Ratio
2000	1,755,883	2,953,438		2,354,660	2.347	5,525,472	186.8%
2001	1,483,620	2,763,825		2,123,722	2.071	4,397,417	129.0%
2002	2,839,965	2,506,784		2,673,374	1.328	4,886,151	146.2%
2003	7,508,990	4,590,268	4,715,409	4,652,838	1.613	7,506,409	212.2%
2004	3,010,908	2,514,489	5,365,420	3,630,272	1.424	5,169,644	131.2%
Total	16,599,366	15,328,803	10,080,828	15,434,867		27,485,093	159.9%

(15) Experience Loss and ALAE Ratio 159.9%

Notes

- (1) From Exhibit 5.
- (2) Based on historical rate changes; see Exhibit 3 Sheet 2.
- (3) = (1) x (2)
- (4)-(7) From Exhibit 5.
- (8)-(9) Based on loss development factors in Exhibit 6.
- (10) A priori loss ratio equals average of (14), AYs 2000-2002
- (11) Selected judgmentally based on (8) - (10).
- (12) From Exhibit 5.
- (13) = (11) x (12)
- (14) = (13) / (3)

Exhibit 2, Sheet 2
The Fireman's Fund Insurance Companies
Medical Technologists Professional Liability

Ratemaking Calculations - Countrywide

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Accident Year	Earned Premium	On-Level Factors	On-Level Earned Premium	Paid Loss and ALAE	Case Reserves	Reported Loss and ALAE	Ultimate Claim Counts
2000	942,983	1.146	1,080,470	2,596,686	20,000	2,616,686	16
2001	944,386	1.146	1,082,078	932,871	-	932,871	13
2002	1,072,826	1.146	1,229,244	451,146	25,000	476,146	15
2003	1,247,722	1.146	1,429,640	617,240	253,511	870,751	26
2004	1,280,929	1.085	1,390,104	16,714	111,844	128,558	29
Total	5,488,847		6,211,536	4,614,657	410,355	5,025,012	99

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Accident Year	Paid Link Ratio	Reported Link Ratio	Rptd Bornhuetter-Ferguson	Selected Ultimate Losses	Trend Factors	Trended Selected Ultimate Losses	Ultimate Loss Ratio
2000	3,469,182	3,286,100		3,377,641	2.347	7,926,010	733.6%
2001	1,618,921	1,362,524		1,440,722	2.071	2,983,185	275.7%
2002	1,135,356	948,432		1,041,895	1.828	1,904,281	154.9%
2003	5,733,788	3,579,116	4,534,675	4,056,695	1.613	6,544,976	457.8%
2004	1,304,995	1,755,893	4,735,378	2,596,755	1.424	3,700,725	266.2%
Total	13,162,244	10,932,064	9,270,052	12,515,908		23,059,177	371.2%

(15) Experience Loss and ALAE Ratio							371.2%
-------------------------------------	--	--	--	--	--	--	--------

Notes

- (1) From Exhibit 5.
- (2) Based on historical rate changes; see Exhibit 3 Sheet 3.
- (3) = (1) x (2)
- (4)-(7) From Exhibit 5.
- (8)-(9) Based on loss development factors in Exhibit 6.
- (10) A priori loss ratio equals average of (14), AYs 2000-2002
- (11) Selected judgmentally based on (8) - (10).
- (12) From Exhibit 5.
- (13) = (11) x (12)
- (14) = (13) / (3)

Exhibit 2, Sheet 3
The Fireman's Fund Insurance Companies
Occupational Therapists Professional Liability

Ratemaking Calculations - Countrywide

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Accident Year	Earned Premium	On-Level Factors	On-Level Earned Premium	Paid Loss and ALAE	Case Reserves	Reported Loss and ALAE	Ultimate Claim Counts
2000	2,876,434	1.000	2,876,434	181,939	75,000	256,939	34
2001	2,918,082	1.000	2,918,082	343,270	340,000	683,270	28
2002	3,038,602	1.000	3,038,602	179,207	390,000	569,207	31
2003	3,139,091	1.000	3,139,091	112,417	347,516	459,933	30
2004	3,221,998	1.000	3,221,998	71,614	233,612	305,126	34
Total	15,194,207		15,194,207	888,446	1,386,028	2,274,474	158

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Accident Year	Paid Link Ratio	Reported Link Ratio	Rptd Bornhuetter-Ferguson	Selected Ultimate Losses	Trend Factors	Trended Selected Ultimate Losses	Ultimate Loss Ratio
2000	243.071	322.670		282,870	2.347	663,787	23.1%
2001	558.920	997.954		778,442	2.071	1,611,855	55.2%
2002	450.995	1,133.800		792,397	1.828	1,448,272	47.7%
2003	1,044.283	1,890.497	1,457,407	1,464,062	1.613	2,361,967	75.2%
2004	5,591.505	4,167.526	1,559,048	3,772,893	1.424	5,372,457	166.7%
Total	7,888,773	8,512,457	3,016,455	7,090,465		11,458,338	75.4%

(15) Experience Loss and ALAE Ratio 75.4%

Notes

- (1) From Exhibit 5.
- (2) Based on historical rate changes; see Exhibit 3 Sheet 4.
- (3) = (1) x (2)
- (4)-(7) From Exhibit 5.
- (8)-(9) Based on loss development factors in Exhibit 6.
- (10) A priori loss ratio equals average of (14), AYs 2000-2002
- (11) Selected judgmentally based on (8) - (10).
- (12) From Exhibit 5.
- (13) = (11) x (12)
- (14) = (13) / (3)

Exhibit 2A, Sheet 1
The Fireman's Fund Insurance Companies
Optometrists Professional Liability
Premium and Loss Experience Evaluated June 30, 2005

(1) Accident Year	(2) Earned Premium	(3) On-Level Factors	(4) On-Level Earned Premium	Self-employed			(8) Ultimate Trended Loss & ALAE	(9) Ultimate Trended On-Level Loss Ratio	(10) Relativity	(11) Indicated Rate Change	(12) Selected Rate Change
				(5) Incurred Loss & ALAE	(6) Trend Factors	(7) Incurred Loss Development Factors					
2000	\$1,945,686	1.146	\$2,229,367	\$1,921,045	2.347	1.256	\$5,661,192	253.94%			
2001	2,307,618	1.146	2,644,069	1,159,555	2.071	1.461	3,506,825	132.63%			
2002	2,294,909	1.146	2,629,507	1,020,076	1.828	1.992	3,713,692	141.23%			
2003	2,376,470	1.146	2,722,960	1,027,544	1.613	4.110	6,813,912	250.24%			
2004	2,779,436	1.085	3,016,329	184,099	1.424	13.658	3,580,727	118.71%			
Total	\$11,704,119		\$13,242,232	\$5,312,320			\$23,276,347	175.8%	1.070	158.5%	20.0%
Employed											
2000	\$635,748	1.146	\$728,440	\$430,746	2.347	1.256	\$1,269,378	174.26%			
2001	667,851	1.146	765,224	732,735	2.071	1.461	2,215,998	289.59%			
2002	621,104	1.146	711,661	238,417	1.828	1.992	867,980	121.97%			
2003	711,383	1.146	815,103	89,207	1.613	4.110	591,553	72.57%			
2004	850,585	1.085	923,081	0	1.424	13.658	0	0.00%			
Total	\$3,486,670		\$3,943,508	\$1,491,104			\$4,944,910	125.4%	0.764	113.1%	0.0%
Total Optometrists											
2000	\$2,581,434	1.146	\$2,957,807	\$2,351,791	2.347	1.256	\$6,930,570	234.31%			
2001	2,975,469	1.146	3,409,293	1,892,290	2.071	1.461	5,722,823	167.86%			
2002	2,916,013	1.146	3,341,167	1,258,493	1.828	1.992	4,581,672	137.13%			
2003	3,087,853	1.146	3,538,062	1,116,751	1.613	4.110	7,405,464	209.31%			
2004	3,630,020	1.085	3,939,410	184,099	1.424	13.658	3,580,727	90.90%			
Total	\$15,190,790		\$17,185,739	\$6,803,424			\$28,221,257	164.2%	1.000	148.1%	15.4%

Exhibit 2A, Sheet 2
The Fireman's Fund Insurance Companies
Medical Technologists Professional Liability
Premium and Loss Experience Evaluated June 30, 2005

(1) Accident Year	(2) Earned Premium	(3) On-Level Factors	(4) On-Level Earned Premium	Self-employed				(9) Ultimate Trended On-Level Loss Ratio	(10) Relativity	(11) Indicated Rate Change	(12) Selected Rate Change
				(5) Incurred Loss & ALAE	(6) Trend Factors	(7) Incurred Loss Development Factors	(8) Ultimate Trended Loss & ALAE				
2000	\$421,118	1.146	\$482,517	\$2,545,422	2.347	1.256	\$7,501,188	1,554.59%			
2001	436,523	1.146	500,168	676,625	2.071	1.461	2,046,307	409.12%			
2002	553,756	1.146	634,494	476,146	1.828	1.992	1,733,457	273.20%			
2003	693,375	1.146	794,470	679,860	1.613	4.110	4,508,326	567.46%			
2004	678,843	1.085	736,702	125,047	1.424	13.658	2,432,168	330.14%			
Total	\$2,783,616		\$3,148,350	\$4,503,100			\$18,221,447	578.8%	3.524	522.0%	20.0%
Employed											
2000	\$521,865	1.146	\$597,953	\$71,264	2.347	1.256	\$210,011	35.12%			
2001	507,864	1.146	581,910	256,245	2.071	1.461	774,958	133.17%			
2002	519,070	1.146	594,751	0	1.828	1.992	0	0.00%			
2003	554,346	1.146	635,170	190,891	1.613	4.110	1,265,850	199.29%			
2004	602,086	1.085	653,402	3,511	1.424	13.658	68,289	10.45%			
Total	\$2,705,231		\$3,063,186	\$521,912			\$2,319,108	75.7%	0.461	68.3%	0.0%
Total Medical Technologists											
2000	\$942,983	1.146	\$1,080,470	\$2,616,686	2.347	1.256	\$7,711,199	713.69%			
2001	944,386	1.146	1,082,078	932,871	2.071	1.461	2,821,266	260.73%			
2002	1,072,826	1.146	1,229,244	476,146	1.828	1.992	1,733,457	141.02%			
2003	1,247,722	1.146	1,429,640	870,751	1.613	4.110	5,774,176	403.89%			
2004	1,280,929	1.085	1,390,104	128,558	1.424	13.658	2,500,457	179.88%			
Total	\$5,488,847		\$6,211,536	\$5,025,012			\$20,540,555	330.7%	2.014	258.6%	10.1%

Exhibit 3, Sheet 1
The Fireman's Fund Insurance Companies
 Miscellaneous Therapists Professional Liability

Date	Rate Change	Rate Level	Rate Change	Overall Effective Rate Change	1997	1998	1999	2000	2001	2002	2003	2004	2005
9/1/1998	2.24%	1.0000	1.0000	1.0000	1.0000	0.9445	0.2222	1.0000	1.0000	1.0000	1.0000	0.6172	0.0078
2/15/2004	4.70%	1.0224	1.0224	1.0224		0.0555	0.7778	1.0000				0.3828	0.8672
7/1/2005	-0.85%	1.0470	1.0705	1.0614									0.1250
		0.9915											
		Average Rate Level:			1.0000	1.0012	1.0174	1.0224	1.0224	1.0224	1.0224	1.0408	1.0689

Accident Year	Average Rate Level	Current Rate Level	Factor to Current Rate Level
1997	1.0000	1.0614	1.0614
1998	1.0012	1.0614	1.0600
1999	1.0174	1.0614	1.0432
2000	1.0224	1.0614	1.0381
2001	1.0224	1.0614	1.0381
2002	1.0224	1.0614	1.0381
2003	1.0224	1.0614	1.0381
2004	1.0408	1.0614	1.0198
2005	1.0689	1.0614	0.9929

Exhibit 3, Sheet 2

Overall
Effective

Exhibit 3, Sheet 3
The Fireman's Fund Insurance Companies
 Medical Technologists Professional Liability

Factor to														
Accident			Average		Current		Current		Rate					
Year			Rate		Rate		Rate		Level					
			Level		Level		Level		Level					
1997			1.0000		1.1458		1.1458		1.1458					
1998			1.0000		1.1458		1.1458		1.1458					
1999			1.0000		1.1458		1.1458		1.1458					
2000			1.0000		1.1458		1.1458		1.1458					
2001			1.0000		1.1458		1.1458		1.1458					
2002			1.0000		1.1458		1.1458		1.1458					
2003			1.0000		1.1458		1.1458		1.1458					
2004			1.0558		1.1458		1.0852		1.0852					
2005			1.1447		1.1458		1.0010		1.0010					
Overall														
Effective														
Date			Rate Change		Rate Level		Rate Change		Rate Level		Rate Change		Rate Level	
2/15/2004			14.58%		1.0000		1.0000		1.0000		1.0000		1.0000	
					1.1458		1.1458		1.1458		1.1458		1.1458	
Average Rate Level:			1.0000		1.0000		1.0000		1.0000		1.0000		1.0000	
					1.0558		1.0558		1.0558		1.0558		1.0558	
					1.1447		1.1447		1.1447		1.1447		1.1447	

Exhibit 3, Sheet 4

Overall Effective

Exhibit 4, Sheet 1
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Paid Loss Development Factors by Accident Year
Countrywide

Accident Year	Paid Losses and ALAE										
	Evaluation Age in Months										
	6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult
1995	-	81,000	1,063,000	4,524,000	5,149,000	5,781,000	6,109,000	6,797,000	7,297,000	7,356,000	7,415,000
1996	5,000	185,000	507,000	2,303,000	3,917,000	4,328,000	5,177,000	5,199,000	5,307,000	5,309,000	-
1997	-	19,000	218,000	1,207,000	2,446,000	3,552,000	4,930,000	5,951,000	6,026,000	-	-
1998	-	79,000	499,000	1,981,000	2,703,000	4,687,000	5,026,000	5,282,000	-	-	-
1999	10,000	52,000	381,000	1,630,000	3,449,000	3,787,000	4,676,000	-	-	-	-
2000	7,000	75,000	326,000	3,182,000	5,049,000	5,546,000	-	-	-	-	-
2001	-	141,000	804,000	1,909,000	3,158,000	-	-	-	-	-	-
2002	-	104,000	1,481,000	2,747,000	-	-	-	-	-	-	-
2003	5,000	142,000	2,101,000	-	-	-	-	-	-	-	-
2004	10,000	218,000	-	-	-	-	-	-	-	-	-
2005	7,000	-	-	-	-	-	-	-	-	-	-

Accident Year	Age-to-Age Factors										
	Evaluation Age in Months										
	6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult
1995		13.123	4.256	1.138	1.123	1.057	1.113	1.074	1.008	1.008	
1996	37.000	2.741	4.542	1.701	1.105	1.196	1.004	1.021	1.000		
1997		11.474	5.537	2.027	1.452	1.388	1.207	1.013			
1998		6.316	3.970	1.364	1.734	1.072	1.051				
1999	5.200	7.327	4.278	2.116	1.098	1.235					
2000	10.714	4.347	9.761	1.587	1.098						
2001		5.702	2.374	1.654							
2002		14.240	1.855								
2003	28.400										
2005	21.800										

Average Type	Average Development										
	Evaluation Age in Months										
	6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult
All Years	20.623	8.896	4.572	1.655	1.268	1.190	1.094	1.036	1.004	1.008	
Latest 3	25.100	11.579	4.663	1.786	1.310	1.232	1.087	1.036	1.004	1.008	
Ex. Hi-Lo	20.305	8.933	4.160	1.667	1.195	1.168	1.082	1.021			
Wtd. Avg.	29.622	8.405	3.691	1.546	1.219	1.171	1.094	1.038	1.005	1.008	
Wtd. Last 3	30.933	11.333	3.002	1.734	1.252	1.217	1.086	1.038	1.005	1.008	

Selected Loss Development Factors											
Age-to-Age	29.622	8.405	3.691	1.546	1.219	1.171	1.094	1.038	1.005	1.000	1.000
Age-to-Ult	2,312.797	78.078	9.289	2.517	1.628	1.336	1.141	1.043	1.005	1.000	1.000

Exhibit 4, Sheet 2
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Incurred Loss Development Factors by Accident Year
Countrywide

Accident Year	Incurred Losses and ALAE										
	Evaluation Age in Months										
	6	18	30	42	54	66	78	90	102	114	126
1995	8,000	736,000	2,589,000	4,961,000	5,587,000	6,293,000	6,537,000	8,139,000	8,554,000	8,539,000	7,581,000
1996	57,000	432,000	2,506,000	3,624,000	4,645,000	4,979,000	5,343,000	5,359,000	5,382,000	5,384,000	-
1997	48,000	218,000	886,000	2,231,000	3,520,000	4,577,000	6,124,000	6,056,000	6,056,000	-	-
1998	49,000	602,000	1,653,000	3,328,000	4,524,000	5,458,000	5,411,000	5,507,000	-	-	-
1999	28,000	261,000	1,217,000	3,198,000	3,865,000	4,227,000	5,896,000	-	-	-	-
2000	27,000	517,000	939,000	3,865,000	5,684,000	6,823,000	-	-	-	-	-
2001	118,000	514,000	1,958,000	3,646,000	6,059,000	-	-	-	-	-	-
2002	17,000	913,000	2,848,000	5,265,000	-	-	-	-	-	-	-
2003	130,000	1,271,000	3,562,000	-	-	-	-	-	-	-	-
2004	102,000	752,000	-	-	-	-	-	-	-	-	-
2005	169,000	-	-	-	-	-	-	-	-	-	-

Accident Year	Age-to-Age Factors										
	Evaluation Age in Months										
	6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult
1995	92,000	3,518	1,916	1,126	1,126	1,039	1,245	1,051	0.998	0.888	
1996	7,579	5,801	1,446	1,282	1,072	1,073	1,003	1,004	1,000		
1997	4,542	4,064	2,518	1,578	1,300	1,338	0.989	1,000			
1998	12,286	2,746	2,013	1,359	1,206	0.991	1,018				
1999	9,321	4,663	2,628	1,209	1,094	1,395					
2000	19,148	1,816	4,116	1,471	1,200						
2001	4,356	3,809	1,862	1,662							
2002	53,706	3,119	1,849								
2003	9,777	2,803									
2003	7,373										

Average Type	Average Development										
	Evaluation Age in Months										
	6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult
All Years	22,009	3,593	2,294	1,384	1,167	1,167	1,064	1,018	0.999	0.888	
Latest 3	23,618	3,244	2,609	1,447	1,167	1,241	1,003	1,018	0.999	0.888	
Ex HI-Lo	15,466	3,532	2,131	1,380	1,157	1,150	1,010	1,004			
Wtd. Avg.	10,644	3,323	2,063	1,363	1,163	1,148	1,070	1,022	0.999	0.888	
Wtd. Last 3	11,791	3,102	2,224	1,457	1,173	1,222	1,003	1,022	0.999	0.888	

Selected Loss Development Factors

Age-to-Age	10,644										
Age-to-Ult	145,374	3,323	2,063	1,363	1,163	1,148	1,070	1,022	1,000	1,000	1,000
				1,992	1,461	1,256	1,094	1,022	1,000	1,000	1,000

Exhibit 4, Sheet 3
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Claim Count Development Factors by Accident Year
Countrywide

Accident Year		Reported Claim Counts										
		Evaluation Age in Months										
		6	18	30	42	54	66	78	90	102	114	126
1995	6	94	139	169	178	188	192	195	199	199	199	200
1996	12	69	123	156	174	180	183	185	185	185	186	-
1997	10	55	111	149	160	165	167	168	168	168	-	-
1998	9	76	132	167	187	193	194	198	-	-	-	-
1999	11	86	140	166	173	178	182	-	-	-	-	-
2000	24	103	139	170	181	188	-	-	-	-	-	-
2001	14	69	107	144	158	-	-	-	-	-	-	-
2002	12	98	137	158	-	-	-	-	-	-	-	-
2003	35	126	-	-	-	-	-	-	-	-	-	-
2004	36	112	-	-	-	-	-	-	-	-	-	-
2005	43	-	-	-	-	-	-	-	-	-	-	-

Accident Year		Age-to-Age Factors										
		Evaluation Age in Months										
		6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult
1995	15.667	1.479	1.216	1.053	1.056	1.021	1.016	1.021	1.021	1.000	1.005	
1996	5.750	1.783	1.268	1.115	1.034	1.017	1.011	1.000	1.000	1.005		
1997	5.500	2.018	1.342	1.074	1.031	1.012	1.006	1.000	1.000			
1998	8.444	1.737	1.265	1.120	1.032	1.005	1.021					
1999	7.818	1.628	1.186	1.042	1.029	1.022						
2000	4.292	1.350	1.223	1.065	1.039							
2001	4.929	1.551	1.346	1.097								
2002	8.167	1.398	1.153									
2003	3.600	1.333										
2003	3.111											

Average Type		Average Development										
		Evaluation Age in Months										
		6 to 18	18 to 30	30 to 42	42 to 54	54 to 66	66 to 78	78 to 90	90 to 102	102 to 114	114 to 126	126 to Ult
All Years	6.728	1.586	1.250	1.081	1.037	1.016	1.013	1.007	1.007	1.003	1.005	
Latest 3	4.959	1.427	1.241	1.068	1.033	1.013	1.013	1.007	1.007	1.003	1.005	
Ex. Hi-Lo	6.062	1.561	1.250	1.081	1.034	1.017	1.013	1.000	1.000	1.003	1.005	
Wtd. Avg.	5.254	1.541	1.244	1.080	1.037	1.015	1.014	1.007	1.007	1.003	1.005	
Wtd. Last 3	4.048	1.406	1.232	1.067	1.033	1.013	1.013	1.007	1.007	1.003	1.005	

Selected Loss Development Factors												
		Age-to-Age	Age-to-Ult									
Age-to-Age	5.254	1.541	1.244	1.080	1.037	1.015	1.014	1.007	1.007	1.003	1.000	1.000
Age-to-Ult	11.749	2.236	1.451	1.166	1.079	1.040	1.024	1.010	1.010	1.003	1.000	1.000

Exhibit 5
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Countrywide Experience

(1) Accident Year	(2) Paid Loss & ALAE	(3) Incurred Loss & ALAE	(4) Paid Development Factor	(5) Incurred Development Factor	(6) Indicated Ultimate From Paid Development	(7) Indicated Ultimate From Incurred Development	(8) Selected Ultimate Loss & ALAE	(9) Reported Claim Count	(10) Claim Emergence Factor	(11) Ultimate Claim Count	(12) Ultimate Severity	(13) Earned Premium Current Level	(14) Premium Factor On Current Level	(15) On Level Earned Premium	(16) Exposure Adjusted Frequency
1995	7,415,000	7,581,000	1.000	1.000	7,415,000	7,581,000	7,498,000	200	1.000	200	37,490	13,763,414	1.061	14,607,854	13.59
1996	5,309,000	5,384,000	1.000	1.000	5,309,000	5,384,000	5,346,500	186	1.000	186	28,745	15,086,911	1.061	16,012,553	11.62
1997	6,026,000	6,056,000	1.005	1.000	6,055,164	6,056,000	6,055,582	168	1.003	168	36,045	16,127,300	1.061	17,116,774	9.81
1998	5,282,000	5,507,000	1.043	1.022	5,509,551	5,630,354	5,569,952	198	1.010	200	27,850	17,064,884	1.060	18,089,393	11.06
1999	4,676,000	5,896,000	1.141	1.094	5,333,585	6,451,821	5,892,753	182	1.024	186	31,681	15,546,344	1.043	16,217,619	11.47
2000	5,546,000	6,823,000	1.336	1.256	7,409,476	8,568,494	7,985,985	188	1.040	195	40,969	16,561,034	1.038	17,192,017	11.34
2001	3,158,000	6,059,000	1.528	1.461	5,141,925	8,849,601	6,995,763	158	1.079	170	41,152	16,774,649	1.038	17,413,772	9.76
2002	2,747,000	5,265,000	2.517	1.992	6,913,128	10,467,318	8,700,223	158	1.166	184	47,284	16,973,792	1.038	17,620,502	10.44
2003	2,101,000	3,582,000	9.289	4.110	19,517,017	14,641,161	17,079,089	168	1.451	244	69,996	17,668,958	1.038	18,342,154	18.32
2004	218,000	752,000	78.078	13.658	17,021,087	10,271,101	13,646,094	112	2.236	250	54,584	18,692,482	1.020	19,061,724	23.52
1996 - 2003 Fitted Trend											11.3%				

Selected **10.0%** **3.0%**

Total Trend **13.3%**

Accident Year	Annual Trend	Midpoint of Experience	Average Accident Date of Effective Period	Trend Period	Trend Factor
2000	1.133	7/1/2000	5/1/2007	6.83	2.347
2001	1.133	7/2/2001	5/1/2007	5.83	2.071
2002	1.133	7/2/2002	5/1/2007	4.83	1.828
2003	1.133	7/2/2003	5/1/2007	3.83	1.613
2004	1.133	7/1/2004	5/1/2007	2.83	1.424

Exhibit 6
The Fireman's Fund Insurance Companies
Miscellaneous Therapists Professional Liability

Projected Expenses

	2000	2001	2002	2003	2004	Selected
(1) Direct Written Premium	131,689	233,543	207,738	156,590	155,744	
(2) Direct Earned Premium	123,005	195,790	235,170	161,165	148,134	
Expense Category:						
(3) Commissions	30,368 23.1%	48,063 20.6%	43,176 20.8%	33,303 21.3%	33,030 21.2%	21.4%
(4) Other Acquisitions	8,151 6.6%	5,977 3.1%	7,849 3.3%	4,825 3.0%	4,082 2.8%	3.8%
(5) General	10,133 8.2%	13,947 7.1%	18,315 7.8%	11,259 7.0%	9,525 6.4%	7.3%
(6) Taxes, Licenses, and Fees	3,296 2.7%	4,793 2.4%	5,859 2.5%	4,000 2.5%	3,304 2.2%	2.5%
(7) Subtotal	51,948 40.6%	72,780 33.2%	75,199 34.4%	53,387 33.7%	49,941 32.6%	34.9%
(8) Unallocated Loss Adjustment Expenses	4,408 3.6%	9,192 4.7%	1,297 0.6%	2,726 1.7%	3,398 2.3%	2.6%
(9) Profit Load						13.6%
(10) Total Expenses						51.0%
(11) Permissible Loss and Allocated Loss Adjustment Expense Ratio						49.0%

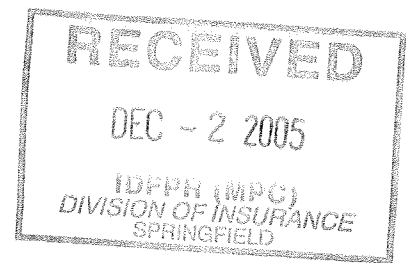
Notes:

Based on IEE for Medical Malpractice using Fireman's Fund Insurance Companies consolidated data.

(11) = 1.00 - (10)

Exhibit 7
The Fireman's Fund Insurance Companies
Professional Liability Occurrence
Calculation of Underwriting Profit Provision

	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>Selected</u>
(1) Earned Premium (AS Page 4, Line 1, Col 1)	\$2,624,676,440	\$3,951,255,938	\$4,210,707,223	
(2) Investable Assets (AS Page 2, Line 10, Col 3)	\$10,561,863,002	\$10,808,273,330	\$9,725,795,497	
(3) Surplus (AS Page 3, Line 35, Col 1)	\$2,239,490,119	\$2,858,865,888	\$2,930,106,208	
(4) Net Investment Income Earned (AS Page 4, Line 9, Col 1)	\$472,473,418	\$511,123,917	\$483,732,059	
(5) Net Realized Capital Gains (AS Page 4, Line 10, Col 1)	(\$208,169,492)	(\$9,147,171)	\$10,758,814	
(6) Premium-to-Surplus ratio (1) / (3)	1.17	1.38	1.44	1.30
(7) Professional Liability Occurrence Premium-to-Capital ratio				0.84
(8) Premium-to-Assets ratio (1) / (2)	0.25	0.37	0.43	0.37
(9) Target After-Tax ROE				15.0%
(10) Tax Rate				31.0%
(11) Return on Assets [(4) + (5)] / (2)	2.5%	4.6%	5.1%	4.5%
(UW Income + Investment Income) x (1 - Tax Rate) = (Allocated Capital) x (Target After-Tax ROE)				
(12) UW Profit Provision [(9) / (7)] / [1 - (10)] - [(11) / (8)]				13.6%

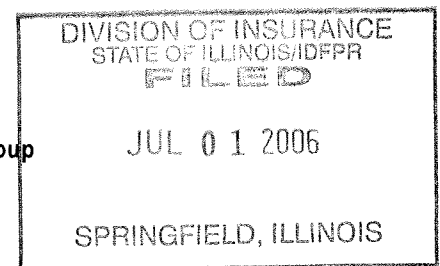


November 22, 2005

Honorable Michael T. McRaith
Director of Insurance
Illinois Department of Financial and Professional Regulation
Division of Insurance
320 West Washington Street
Springfield, IL 62767

Attn: Mr. John Gatlin
Supervisor, Property and Casualty Compliance Unit

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC # 761-22810
Nurses Professional Liability Program – Rate Filing
American Nurses Association/State Nurses Association Purchasing Group
American Healthcare Professions Purchasing Group
National Nurses Purchasing Group
Professional Nursing Organization Purchasing Group
Company Filing Number: CGIL-NRS-IL-03-06-RA
Effective Date: March 1, 2006



To Whom It May Concern:

The Chicago Insurance Company is submitting for your review revised occurrence rates for the Nurses Professional Liability Program. This revision results in an overall rate increase of 11.6%.

In support of the revision you will find actuarial data, the required states specific forms, and the revised rate pages.

We request the filing be approved for all policies effective on or after March 1, 2006.

If there are any questions regarding the submission, please do not hesitate to contact me.

Respectfully,

Kelly Cole
Regulatory Analyst
800.255.2096 x457981
fax 312.346.5748
kcole@ffic.com

+11.6%

Fireman's Fund
Insurance Companies
A member of the
Allianz Group

Fireman's Fund Insurance Company
33 West Monroe St
Ste 1200
Chicago, IL 60603-9911

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only
	a. Date the filing is received:
	b. Analyst:
	c. Disposition:
	d. Date of disposition of the filing:
	e. Effective date of filing:
	f. State Filing #:
	g. SERFF Filing #:

3. Group Name	Fireman's Fund Insurance Company			Group NAIC #	0761
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Chicago Insurance Company	IL	22810	36-6042949		

5. Company Tracking Number	CGIL NRS IL 03 06 RA
----------------------------	----------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Kelly Cole 33 W. Monroe St., Ste. 1200 Chicago, IL 60603	Analyst	800.255.2096		kcole@ffic.com
7. Signature of authorized filer		<i>Kelly Cole</i>		
8. Please print name of authorized filer		Kelly Cole		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Medical Malpractice
10. Sub-Type of Insurance (Sub-TOI)	Medical Malpractice
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Nurses Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 03/01/2006 Renewal: 03/01/2006
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	11/30/05
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	CGIL NRS IL 03 06 RA
-----	---	----------------------

21. Filing Description	[This area should be similar to the body of a cover letter and is free-form text]
-------------------------------	---

Chicago Insurance Company submits for your review and approval rates designed for use with the Nurses Professional Liability Insurance Program. This filing pertains to the American Health Care Professionals Purchasing Group, American Nurses Association / State Nurses Association Purchasing Group, National Nurses Purchasing Group, and Professional Nurses Organization Purchasing Group.

The overall rate effect of these changes is an increase of 11.6%.

Enclosed are the actuarial memorandum, actuarial exhibits, and revised rate pages for additional details regarding the proposed changes.

We request that this filing apply to all policies effective on or after March 1, 2006.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: N/A</p> <p>Amount:</p>	
<p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do **not** refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #		CGIL NRS IL 03 06 RA	
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)		N/A	
<input checked="" type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)				
3.	Overall percentage rate impact for this filing		11.6%	
4.	Effect of Rate Filing – Written premium change for this program		35,617.89	
5.	Effect of Rate Filing – Number of policyholders		3336	
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)		File & Use	
7.	Rate Change by Company			
	Company Name	Percentage Change	Effect of Rate Filing	
			# of policyholders for this program	Written premium change for this program
	Chicago Insurance Company	11.6%	3336	35,617.89
8.	Overall percentage of last rate revision		+8.0%	
9.	Effective Date of last rate revision		07/01/2005	
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)		Use & File	
11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	ANA/SNA Purchasing Group Association Annual Rate Pages	Pages 1-2	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02	American Health Care Professionals Purchasing Group Annual Rate Pages	Pages 1-2	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03	National Nurses Purchasing Group Association Annual Rate Pages	Pages 1-2	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04	Professional Nurses Organization Purchasing Group Association Annual Rate Pages	Pages 1-2	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

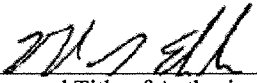
1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

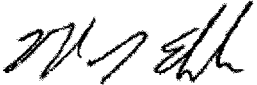
**ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES**

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Mark J. Kaufman, a duly authorized officer of Fireman's Fund Insurance Companies, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Mark J. Kaufman, a duly authorized actuary of Fireman's Fund Insurance Companies am authorized to certify on behalf of Fireman's Fund Insurance Companies making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

 Chief Actuary, VP - Specialty January 10, 2006
Signature and Title of Authorized Insurance Company Officer Date

 Chief Actuary, VP - Specialty January 10, 2006
Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN 36-6042949 Filing Number CGIL NRS IL 03 06 RA

Insurer's Address 33 West Monroe Street, Suite 1200, Chicago IL 60603

City Chicago State Illinois Zip Code 60603

Contact Person's:

-Name and E-mail Kelly Cole, kcole@ffic.com

-Direct Telephone and Fax Number 312.456.7981

STATE OF ILLINOIS



Department of Financial and Professional Regulation Division of Insurance

IN THE MATTER OF
THE MEDICAL MALPRACTICE
RATE INCREASE OF:

HEARING NO. 06-HR-0735

CHICAGO INSURANCE COMPANY
33 WEST MONROE STREET
CHICAGO, ILLINOIS 60603
RATE FILING #CGIL-NRS-IL-03-06-RA

ORDER

I, Michael T. McRaith, Director of the Illinois Department of Financial and Professional Regulation, Division of Insurance hereby certify that I have read the entire Record in this matter and the hereto attached Findings of Fact, Conclusions of Law and Recommendations of the Hearing Officer, Timothy M. Cena, appointed and designated pursuant to Section 402 of the Illinois Insurance Code (215 ILCS 5/402) to conduct a Hearing in the above-captioned matter. I have carefully considered and reviewed the entire Record of the Hearing and the Findings of Fact, Conclusions of Law and Recommendations of the Hearing Officer, attached hereto and made a part hereof.

I, Michael T. McRaith, being duly advised in the premises, do hereby adopt the Findings of Fact, Conclusions of Law and Recommendations of the Hearing Officer as my own, and based upon said Findings, Conclusions and Recommendations enter the following Order under the authority granted to me by Sections 155.18, 401, 402 and 403 of the Illinois Insurance Code (215 ILCS 5/155.18, 5/401, 5/402 and 5/403) and Article X of the Illinois Administrative Procedure Act (5 ILCS 100/10-5 et. seq.).

This Order is a Final Administrative Decision pursuant to the Illinois Administrative Procedure Act (5 ILCS 100/1 et. seq.). This Order is appealable pursuant to the Illinois Administrative Review Law (735 ILCS 3/101- et. seq.).

NOW IT IS THEREFORE ORDERED THAT:

- 1) Chicago Insurance Company Filing #CGIL-NRS-IL-03-06-RA is approved;
- 2) Chicago Insurance Company shall pay as costs of this proceeding, within 35 days of the date of this Order, the sum of \$210.00, directly to the Illinois Division of Insurance, Tax and Fiscal Service Unit, 320 W. Washington, 4th Floor, Springfield, Illinois 62767.

DEPARTMENT OF FINANCIAL AND
PROFESSIONAL REGULATION of the
State of Illinois;

DIVISION OF INSURANCE

Date: March 5, 2007

Michael T. McRaith
Michael T. McRaith
Director

STATE OF ILLINOIS



Department of Financial and Professional Regulation Division of Insurance

IN THE MATTER OF
THE MEDICAL MALPRACTICE
RATE INCREASE OF:

HEARING NO. 06-HR-0735

CHICAGO INSURANCE COMPANY
33 WEST MONROE STREET
CHICAGO, ILLINOIS 60603
RATE FILING #CGIL-NRS-IL-03-06-RA

FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATIONS OF THE HEARING OFFICER

Now comes Timothy M. Cena, Hearing Officer in the above captioned matter and offers his Findings of Fact, Conclusions of Law and Recommendations to the Director of Insurance.

FINDINGS OF FACT

- 1) On December 2, 2005, Chicago Insurance Company (Company) filed with the Illinois Division of Insurance (Division) a Nurses' Professional Liability Program Rate Filing #CGIL-NRS-IL-03-06-RA (Filing) (see Division Exhibit # 1).
- 2) On September 15, 2006, the Illinois Director of Insurance, Michael T. McRaith (Director) issued a Notice of Hearing requiring the Company to participate in an Administrative Hearing regarding the Filing. The Hearing was scheduled for November 15, 2006 at the Division's Offices in Springfield, Illinois (Hearing Officer Exhibit # 2).

- 3) Joseph T. Clennon filed a Notice of Appearance in this matter as Counsel for the Division (Hearing Officer Exhibit # 2).
- 4) Kirk H. Petersen filed an Appearance on behalf of the Company in this matter (Hearing Officer Exhibit # 3).
- 5) On September 15, 2006, Timothy M. Cena was appointed as Hearing Officer in this matter by the Director (Hearing Officer Exhibit # 1).
- 6) The Hearing in this matter was convened on November 15, 2006 at 10:00 AM at the Division's Offices in Springfield, Illinois at which time were present Timothy M. Cena, Hearing Officer; Joseph T. Clennon, on behalf of the Division; Kirk H. Petersen, on behalf of the Company; Daphne Crockett, Timothy Kovac, Pat Houlihan, and Jayme Stubitz, all with the Company; Julie Anderson, Judy Poole Boutchee, Gayle Newman, Pam Donnewald, John Gatlin, all with the Division; Craig Lounsberry, with the Illinois Trial Lawyers Association; and Rob Kane with ISMIE Mutual Insurance Company.

The purpose of this Hearing is to receive information regarding the Company's Filing and to determine whether the Filing is in compliance with Section 155.18 of the Illinois Insurance Code (215 ILCS 5/155.18).

- 7) Prior to the start of the Hearing both the Product Evaluation and Casualty Actuarial Sections of the Division conducted an extensive review of the Filing. Contact was made with the Company and amendments were made to the Filing in its Quarterly Premium Payment Installment Plan Section. The Filing's actuarial indications and supporting documents were also reviewed. The review encompassed an analysis of rate making methodology, ultimate loss, allocated loss adjustment expense selection, loss development triangles, profit load and permissible loss ratio. Additional actuarial information was requested, and was received, from the Company during the review. The Division has no objections to the Filing pending the review of any further information presented during the Hearing. The Division offered, and the Hearing Officer accepted into the Record in this matter, the complete Company Filing # CGIL-NRS-IL-03-06-RA (Division Exhibit # 1, Packets 1-4).
- 8) The Company requests approval for new rates designed for use with the its Nurses' Professional Liability Insurance Program. The Filing pertains to the American Health Care Professionals Purchasing Group, American Nurses Association/State Nurses Association Purchasing Group, National Nurses Purchasing Group and Professional Nurses Organization Purchasing Group. The overall rate increase requested is 11.6%, which includes a 20% increase for the Company's insured self-employed nurse practitioners, a 10% increase for insured registered nurses and 8% increase for nurse assistants. Since 1998, the Company has taken one rate increase in 2004 and actually reduced rates in

previous years, the Company believes that over that period of time its overall rate increases have been moderate. The Company believes that it has identified the classes in the program that are predominantly responsible for the lack of profitability for the program and therefore propose the rate increases indicated in the Filing.

The Company insures approximately 3,000 Illinois policyholders under the program. Most of the policyholders will see an increase from six to nine dollars in the premiums. The self-employed nurse practitioner class would experience an average premium increase of \$71.00.

- 9) Division Exhibit # 1, Packet # 4, Exhibit # 6, Projected Expenses indicates a profit load of 13.6%. The Company testified that the profit load figure is necessitated by the requirement of its parent company, Allianz, that it realize a 15% after-tax Return on Equity (ROE) for the amount of capital placed in the Company by the parent. Exhibit # 6, page 2, contains the calculations for arriving at the 13.6% figure based upon a 15% after-tax ROE requirement. The terms 'Capital' and 'Surplus' are interchangeable in this Exhibit.
- 10) Division Exhibit # 1, Packet # 4, Exhibit # 2 contains ratemaking calculations for each of the subject classes of insureds. Exhibit # 1, Sheet # 1 indicates an Experience Loss and ALAE Ratio of 69.2% for LVNs, LPNs, Aides and Assistants. The Filing proposes an 8% premium increase for this class. Exhibit # 2, Sheet # 2 calculates an Experience Loss and ALAE Ratio of 91.9% for RNs. The Filing proposes a 10% premium increase for this class. Exhibit # 2, Sheet # 3 calculates an Experience Loss and ALAE Ratio of 75.2% for Self-Employed Nurse Practitioners. The Filing proposes a 20% premium increase for this class of insureds. The Company testified that, as a group, self-employeds generally have a worse claims experience than do employed nurses. The Company believes this is do to the fact that self-employeds receive less supervision than do employed nurses. The Company admitted that its Loss Experience indication is larger for RN's than it is for self-employed practitioners even though it seeks higher premium increases for the self-employeds. The Company testified that "a lot of that has to do with some qualitative reasons but some underwriting reasons as well."

The Company testified that the rate indications are quite high, RN's being 91.9%. While that is the Company's best estimate of its rate need, raising its rates at that level "would really be disruptive to the market place, not to mention probably drive away all of our insureds" The Company, in 2004, decided on a strategy of taking moderate rate increases every year rather than assessing one large increase.

- 11) The Hearing Officer left the Record in this matter open at the close of the Hearing in order to provide the Company an opportunity to provide additional information for the Record. On November 21, 2006, the Hearing Officer

issued a letter to the Company (see Hearing Officer Exhibit # 4) asking the Company with what frequency, as a percentage of total policies covered by the Filing, are Illinois Policyholders sued for malpractice.

On December 4, 2006, the Company provided a written Response to the letter (see Hearing Officer Exhibit # 5). In 2004, the Company wrote 3,336 policies in Illinois four reported claims, three of which were litigated. The percentage of total claims litigated was 75% and the percent of Illinois policyholders sued was .09%.

- 12) After reviewing the Company's answers to the questions at the Hearing and the additional written responses, the Division indicated to the Hearing Officer that it had no objections to the Filing.

CONCLUSIONS OF LAW

Based upon the above stated Findings of Fact and the entire Record in this matter the Hearing Officer offers the following Conclusions of Law to the Director of Insurance.

- 1) Timothy M. Cena was duly appointed as Hearing Officer in this matter by the Director of Insurance pursuant to Section 403 of the Illinois Insurance Code (215 ILCS 5/403).
- 2) The Director of Insurance has jurisdiction over the parties and the subject matter of this proceeding pursuant to Section 155.18, 401, 402 and 403 of the Illinois Insurance Code (215 ILCS 5/155.18, 5/401, 5/402 and 5/403).
- 3) The purpose of this proceeding is to determine if the Chicago Insurance Company's Medical Malpractice Rule/Rate Filing #CGIL-NRS-IL-03-06-RA is in compliance with Section 155.18 of the Illinois Insurance Code.

Section 155.18 of the Insurance Code provides, in part, as follows:

- “(a) This Section shall apply to insurance on risks based upon negligence by a physician, hospital or other health care provider, referred to herein as medical liability insurance.
- (b) The following standards shall apply to the making and use of rates pertaining to all classes of medical liability insurance:
 - (1) Rates shall not be excessive or inadequate nor shall they be unfairly discriminatory. . .

- (2) Consideration shall be given, to the extent applicable, to past and prospective loss experience within and outside this State, to a reasonable margin for underwriting profit and contingencies, to past and prospective expenses both countrywide and those especially applicable to this State, and to all other factors, including judgment factors, deemed relevant within and outside this State.

Consideration may also be given in the making and use of rates to dividends, savings or unabsorbed premium deposits allowed or returned by companies to their policyholders, members or subscribers.

- (3) The systems of expense provisions included in the rates for use by any company or group of companies may differ from those of other companies or groups of companies to reflect the operating methods of any such company or groups with respect to any kind of insurance, or with respect to any subdivision or combination thereof.
- (4) Risks may be grouped by classifications for the establishment of rates and minimum premiums. Classification rates may be modified to produce rates for individual risks in accordance with rating plans which established standards for measuring variations in hazards or expense provisions, or both. Such standards may measure any difference among risks that have a probable effect upon losses or expenses. Such classifications or modifications of classifications of risks may be established based upon size, expense, management, individual experience, location or dispersion of hazard, or any other reasonable considerations and shall apply to all risks under the same or substantially the same circumstances or conditions. The rate for an established classification should be related generally to the anticipated loss and expense factors or the class.
- (c) (1) Every company writing medical liability insurance shall file with the Secretary of Financial and Professional Regulation the rates and rating schedules it uses for medical liability insurance. A rate shall go into effect upon filing, except as otherwise provided in this Section.

- (2) If (i) 1% of the company's insureds within a specialty or 25 of the company's insureds (whichever is greater) request a public hearing, (ii) the Secretary at his or her discretion decides to convene a public hearing, or (iii) the percentage increase in a company's rate is greater than 6%, then the Secretary shall convene a public hearing in accordance with this paragraph (2). A public hearing under this paragraph (2) must be concluded within 90 days after the request, decision, or increase that gave rise to the hearing. The Secretary may, by order, adjust a rate or take any other appropriate action at the conclusion of the hearing.
- (3) A rate filing shall occur upon a company's commencement of medical liability insurance business in this State and thereafter as often as the rates are changed or amended.
- (4) For the purposes of this Section, any change in premium to the company's insureds as a result of a change in the company's base rates or a change in its increased limits factors shall constitute a change in rates and shall require a filing with the Secretary.
- (5) It shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. The Secretary may request any additional statistical data and other pertinent information necessary to determine the manner the company used to set the filed rates and the reasonableness of those rates. This data and information shall be made available, on a company-by-company basis, to the general public.
- (d) If after a public hearing the Secretary finds;
- (1) that any rate, rating plan or rating system violates the provisions of this Section applicable to it, he shall issue an order to the company which has been the subject of the hearing specifying in what respects such violation exists and, in that order, may adjust the rate; . . . "

The information presented in this matter to the Hearing Officer does not indicate that the rate increases proposed in the Filing are excessive or inadequate or that they are unfairly discriminatory. The Hearing Officer therefore concludes that Chicago Insurance Company Filing # CGIL-NRS-IL-03-06-RA is in compliance with Section 155.18 of the Illinois Insurance Code.

The Hearing in this matter was required by Section 155.18 of the Insurance Code by virtue of the greater than 6% rate increase proposed by the Company in their filing. The Hearing Officer therefore concludes that the Company should be assessed the costs of this proceeding. Said costs consist solely of the fees charged to the Division by the court reporting firm which prepared the transcripts of the testimony in this matter.

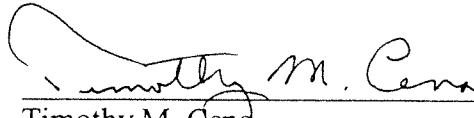
RECOMMENDATIONS

Based upon the above stated Findings of Fact, Conclusions of Law and the entire Record in this matter the Hearing Officer makes the following Recommendations to the Director of Insurance.

- 1) That Chicago Insurance Company Filing #CGIL-NRS-IL-03-06-RA be approved as entered into the Record in this matter; and
- 2) That Chicago Insurance Company be assessed the costs of this proceeding in the amount of \$210.00.

Respectfully submitted,

Date: 2/23/07



Timothy M. Cena
Hearing Officer

Neuman, Gayle

From: kcole@ffic.com
Sent: Thursday, September 07, 2006 3:07 PM
To: Neuman, Gayle
Cc: DSowell@ffic.com; DCrockett@ffic.com
Subject: Re: Chicago Ins Co - Filings #CGIL-NRS-IL-03-06-RA and #CGIL-MTP-IL-05-06-RA

Ms. Neuman,

Regarding the Chicago Insurance Company filings:

The Nurses Program (filing #CGIL-NRS-IL-03-06-RA) rates were implemented July 1, 2006.

The Miscellaneous Therapists (filing #CGIL-MTP-IL-05-06-RA) rates were implemented August 1, 2006.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981

"Neuman, Gayle"
<Gayle.Neuman@illinois.gov>

09/07/2006 10:26
AM

<kcole@ffic.com>

To

cc

Subject

Chicago Ins Co - Filings
#CGIL-NRS-IL-03-06-RA and
#CGIL-MTP-IL-05-06-RA

Ms. Cole,

Please confirm the effective dates for each filing. Filing #CGIL-NRS-IL-03-06-RA was submitted with a March 1, 2006 effective date, and filing #CGIL-MTP-IL-05-06-RA was submitted with a May 1, 2006 effective date. If neither filing was utilized as of the proposed effective date, please indicate if Chicago is awaiting the Division's approval first.

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

Neuman, Gayle

From: kcole@ffic.com
Sent: Wednesday, September 06, 2006 1:47 PM
To: Neuman, Gayle
Cc: DSowell@ffic.com; DCrockett@ffic.com
Subject: RE: Nurses Professional Liability - Rate/Rule Filing #CGIL-NRS-IL-03-06-RA

Attachments: Nurses Program eff 10-01-06 IL.pdf



urses Program eff
10-01-06 IL...

Ms. Neuman,

The Chicago Insurance Company (NAIC #22810) offers a response to your inquiry regarding our Nurses Program filing.

The 11.6% rate increase was not implemented as of March 1, 2006.

In addition, we have revised the rule manuals to include the wording you suggested. The revised manuals are attached.

We hope our response will enable you to complete your review of our filing.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981
(See attached file: Nurses Program eff 10-01-06 IL.pdf)

"Neuman, Gayle"
<Gayle.Neuman@ill
inois.gov>

08/28/2006 10:48
AM

<kcole@ffic.com>

To

cc

Subject
RE: Nurses Professional Liability -
Rate/Rule Filing
#CGIL-NRS-IL-03-06-RA

M. Cole,

In response to your 8/25/06 e-mail, did Chicago Insurance Company start charging the 11.6% increase as of March 1, 2006?

In regard to the payment plan,

1. the wording did not indicate there are no interest charges.
2. the wording did not indicate how additional premium would be billed.

Your prompt attention is appreciated.

-----Original Message-----

From: kcole@FFIC.COM [mailto:kcole@FFIC.COM]
Sent: Friday, August 25, 2006 3:57 PM
To: Neuman, Gayle
Cc: DSowell@FFIC.COM; DCrockett@FFIC.COM
Subject: Re: Nurses Professional Liability - Rate/Rule Filing
#CGIL-NRS-IL-03-06-RA

Ms. Neuman,

The Chicago Insurance Company (NAIC # 22810) offers a response to your inquiries regarding our installment plan.

Please see attached the rule manual with the Quarterly Installment rule for the Nurses Program, revised to meet the Illinois requirements. Per the Illinois DOI request, we will implement this new rule effective October 1, 2006, which has been updated on all rate & rule manuals attached.

We hope our response will enable you to complete your review of our filing.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981
(See attached file: Nurses Program eff 10-01-06 IL.pdf)

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/2006

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/2006

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.

10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

12. Quarterly installments:

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- c. Each installment fee paid is fully earned.
- d. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/06

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/06

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.

10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

12. Quarterly installments:

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- c. Each installment fee paid is fully earned.
- d. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/06

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

**CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/06**

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.

10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

12. Quarterly installments:

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- c. Each installment fee paid is fully earned.
- d. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/2006

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/2006

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.
12. Quarterly installments:
- Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
 - Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
 - Each installment fee paid is fully earned.
 - A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

Neuman, Gayle

From: Neuman, Gayle
Sent: Monday, August 28, 2006 10:49 AM
To: 'kcole@FFIC.COM'
Subject: RE: Nurses Professional Liability - Rate/Rule Filing #CGIL-NRS-IL-03-06-RA

M. Cole,

In response to your 8/25/06 e-mail, did Chicago Insurance Company start charging the 11.6% increase as of March 1, 2006?

In regard to the payment plan,

1. the wording did not indicate there are no interest charges.
2. the wording did not indicate how additional premium would be billed.

Your prompt attention is appreciated.

-----Original Message-----

From: kcole@FFIC.COM [mailto:kcole@FFIC.COM]
Sent: Friday, August 25, 2006 3:57 PM
To: Neuman, Gayle
Cc: DSowell@FFIC.COM; DCrockett@FFIC.COM
Subject: Re: Nurses Professional Liability - Rate/Rule Filing #CGIL-NRS-IL-03-06-RA

Ms. Neuman,

The Chicago Insurance Company (NAIC # 22810) offers a response to your inquiries regarding our installment plan.

Please see attached the rule manual with the Quarterly Installment rule for the Nurses Program, revised to meet the Illinois requirements. Per the Illinois DOI request, we will implement this new rule effective October 1, 2006, which has been updated on all rate & rule manuals attached.

We hope our response will enable you to complete your review of our filing.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981
(See attached file: Nurses Program eff 10-01-06 IL.pdf)

Neuman, Gayle

From: kcole@FFIC.COM
Sent: Friday, August 25, 2006 3:57 PM
To: Neuman, Gayle
Cc: DSowell@FFIC.COM; DCrockett@FFIC.COM
Subject: Re: Nurses Professional Liability - Rate/Rule Filing #CGIL-NRS-IL-03-06-RA

Attachments: Nurses Program eff 10-01-06 IL.pdf



Nurses Program eff
10-01-06 IL...

Ms. Neuman,

The Chicago Insurance Company (NAIC # 22810) offers a response to your inquiries regarding our installment plan.

Please see attached the rule manual with the Quarterly Installment rule for the Nurses Program, revised to meet the Illinois requirements. Per the Illinois DOI request, we will implement this new rule effective October 1, 2006, which has been updated on all rate & rule manuals attached.

We hope our response will enable you to complete your review of our filing.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981
(See attached file: Nurses Program eff 10-01-06 IL.pdf)

"Neuman, Gayle"
<Gayle.Neuman@illinois.gov>

08/15/2006 10:32
AM

<kcole@ffic.com>

To

cc

Subject

Nurses Professional Liability -
Rate/Rule Filing
#CGIL-NRS-IL-03-06-RA

M. Cole,

As you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate Bill 475), requires insurers to implement a quarterly

premium payment installment plan as prescribed by the Secretary, of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing the filing referenced above, we note that your quarterly installment plan does not meet and/or address some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 22, 2006.

Quarterly Premium Payment Installment Plan Prescribed Requirements

All companies writing medical liability insurance shall file with the Secretary or Director a plan to offer each medical liability insured the option to make premium payments, in at least quarterly installments. For purposes of this requirement, insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than \$500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans subject to this Section shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.

- i) An initial payment of no more than 40% of the estimated total premium due at policy inception;
- ii) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;
- iii) No interest charges;
- iv) Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less;
- v) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Additionally, please confirm if the company implemented these changes as of March 1, 2006? If not, is the company planning to implement the changes as of the date the review of the filing is completed?

Your immediate attention is requested.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 6/01/2006

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 6/01/2006

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.

10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

12. Quarterly installments:

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. A billing fee of \$15 or 2.5% of the annual premium (whichever is greater) will be assessed per installment, including the down payment.
- c. Each installment fee paid is fully earned.
- d. A late fee of \$10 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

**CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 6/01/06**

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

**CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 6/01/06**

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
- \$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.
9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.
12. Quarterly installments:
- Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
 - A billing fee of \$15 or 2.5% of the annual premium (whichever is greater) will be assessed per installment, including the down payment.
 - Each installment fee paid is fully earned.
 - A late fee of \$10 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

**CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 6/01/06**

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

**CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 6/01/06**

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.
12. Quarterly installments:
- Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
 - A billing fee of \$15 or 2.5% of the annual premium (whichever is greater) will be assessed per installment, including the down payment.
 - Each installment fee paid is fully earned.
 - A late fee of \$10 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 6/01/2006

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 6/01/2006

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.
12. Quarterly installments:
- Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
 - A billing fee of \$15 or 2.5% of the annual premium (whichever is greater) will be assessed per installment, including the down payment.
 - Each installment fee paid is fully earned.
 - A late fee of \$10 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.

Neuman, Gayle

From: DCrockett@ffic.com
Sent: Tuesday, August 22, 2006 11:59 AM
To: Neuman, Gayle
Cc: kcole@ffic.com; DSowell@ffic.com
Subject: Fw: Nurses Professional Liability - Rate/Rule Filing #CGIL-NRS-IL-03-06-RA

Hello Gayle,

To confirm our telephone conversation, our amendment to the Installment Plan will be sent to your attention by the end of the week.

Please feel free to contact me, if you have any questions or comments.

Thanks for your cooperation in this matter.

Daphne Crockett
Compliance Manager
Fireman's Fund Specialty Insurance
Office 312.715.5550
Cell 312.342.5764
FAX 877.247.4320
dcrockett@ffic.com

"Neuman, Gayle" <Gayle.Neuman@illinois.gov>

To <kcole@ffic.com>

cc

08/15/2006 10:32 AM

Subject Nurses Professional Liability - Rate/Rule Filing #CGIL-NRS-IL-03-06-RA

M. Cole,

As you know, the new Medical Professional Liability law in Illinois, PA94-677 (Senate Bill 475), requires insurers to implement a quarterly premium payment installment plan as prescribed by the Secretary of the Illinois Department of Financial and Professional Regulation (IDFPR).

This email is to advise you of the requirements being prescribed by the Secretary and by the Director of the Division of Insurance regarding the quarterly premium payment installment plan you are required to offer to your insureds. In reviewing the filing referenced above, we note that your quarterly installment plan does not meet and/or address some or all of the following prescribed requirements.

Please amend your rate/rule manual's quarterly installment plan provisions to comply with all of the following prescribed requirements and send me your updated manual pages no later than August 22, 2006.

Quarterly Premium Payment Installment Plan Prescribed Requirements

All companies writing medical liability insurance shall file with the Secretary or Director a plan to offer each

8/22/2006

medical liability insured the option to make premium payments, in at least quarterly installments. For purposes of this requirement, insurers may, but are not required to, offer such premium installment plans to insureds whose annual premiums are less than \$500, or for premium for any extension of a reporting period. Quarterly installment premium payment plans subject to this Section shall be included in the initial offer of the policy, or in the first policy renewal occurring after January 1, 2006. Thereafter, the insurer may, but need not re-offer such payment plan, but if an insured requests such payment plan at a later date, the insurer must make it available. All quarterly installment premium payment plan provisions shall be contained in the filed rate and/or rule manual in a section entitled, "Quarterly Installment Option" or a substantially similar title. If the company uses a substantially similar title, the Rule Submission Letter must indicate the name of the section that complies with this requirement. All quarterly installment premium payment plans shall include the minimum standards listed below. Insurers may provide for quarterly installment premium payment plans that differ from these minimum standards, as long as such plans have terms that are at least as or more favorable than those listed below.

- i) An initial payment of no more than 40% of the estimated total premium due at policy inception;
- ii) The remaining premium spread equally among the second, third, and fourth installments, with the maximum for such installments set at 30% of the estimated total premium, and due 3, 6, and 9 months from policy inception, respectively;
- iii) No interest charges;
- iv) Installment charges or fees of no more than 1% of the total premium or \$25.00, whichever is less;
- v) A provision stating that additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

Additionally, please confirm if the company implemented these changes as of March 1, 2006? If not, is the company planning to implement the changes as of the date the review of the filing is completed?

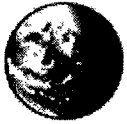
Your immediate attention is requested.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.

8/22/2006



kcole@ffic.com
04/13/2006 10:49 AM

To: Gayle_Neuman@ins.state.il.us
cc
bcc
Subject: Chicago Insurance Company - Nurses Program Rate Filing:
#CGIL-NRS-IL-03-06-RA

Ms. Neuman,

The Chicago Insurance Company (NAIC # 22810) offers a response to your inquiries regarding our installment plan.

The installment plan for our Nurses Program includes quarterly payments with a billing fee of \$15 or 2.5% of the annual premium. A late fee of \$10 or 1.5% of the annual premium has also been incorporated in the installment plan.

Rule 12 has been added to our rating manual to facilitate the installment plan. The revised manual is included in this response.

We hope our response will enable you to complete your review of our filing.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981
(See attached file: Nurses Program eff 6-1-06 IL.pdf)

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from



any computer. Thank you. Nurses Program eff 6-1-06 IL.pdf

Neuman, Gayle

From: Marcy Savage [Marcy_Savage@ins.state.il.us]
Sent: Friday, April 01, 2005 11:53 AM
To: Gayle Neuman
Subject: Re: Chicago Insurance Company

The names you have indicated are slightly different than what I have so here the names I have:

Medical Related Professional Services Purchasing group Association ANA/SNA Purchasing Group Association
Professional Nursing Organization Purchasing Group National Nurses Purchasing Group Association American Health
Care Professions Purchasing Group Association Allied Health Purchasing Group Association Health Care Professions
Purchasing Group Association

They are all insured by Chicago Insurance Company.

Gayle Neuman/INS
04/01/2005 09:16 AM

To
Marcy Savage/INS@INS
cc

Subject
Chicago Insurance Company

Please verify if these RPGs are properly registered - Chicago Insurance Company has submitted rate filings for such
RPGs for each line of coverage:

Medical Related Professional Services Purchasing Group Association - for home health care

American Nurses Association / State Nurses Association Purchasing Group Professional Nurses Organization Purchasing
Group National Nurses Purchasing Group American Health Care Purchasing Group - for nurses

Allied Health Purchasing Group Association Health Care Professionals Purchasing Group Association - for physician
assistants and physical therapists

Thank you for your assistance.

Neuman, Gayle

From: Gayle Neuman [Gayle_Neuman@ins.state.il.us]
Sent: Wednesday, February 01, 2006 1:28 PM
To: kcole@ffic.com
Subject: Re: Chicago Ins. Co. - Nurses Rate Filing #CGIL-NRS-IL-03-06-RA

Ms. Cole,

This is the same information that was sent to you on filing #CGIL-MTP-IL-05-06-RA.

Thank you for your response. I understand that your e-mail is in direct response to my request of 12/27/05.

I am sending this e-mail to inform you that proposed medical malpractice rules pertaining to this issue are in the first notice period. If Chicago Insurance Company has any comments they wish to make regarding such rules (which includes the premium installment plan), you should forward such written information to Tim Cena (tim_cena@ins.state.il.us) or Barb Smith (BSmith1@idfpr.com) of this Department.

kcole@ffic.com
02/01/2006 08:17 AM

To
Gayle_Neuman@ins.state.il.us
cc

Subject
Re: Chicago Ins. Co. - Nurses Rate Filing #CGIL-NRS-IL-03-06-RA

Ms. Neuman,

The Chicago Insurance Company (NAIC # 22810) appreciates your response to our filing. We have addressed your concerns below.

1. This filing applies to Nurse Practitioners, specifically:

Obstetrical Nurse Practitioner
Psychiatric Nurse Practitioner
Pediatric Nurse Practitioner
All Other Nurse Practitioner

2. A signed copy of the certification form is attached.

3. The rating rules approved in the Nurses Program filing effective February 15, 2004 are still in use by the Chicago Insurance Company. The current manual is included in this response.

4. We report our statistics to the National Independent Statistical Service (NISS).

5. The Chicago Insurance Company does not have a scheduled rating plan for the Nurses Program.

6. Coverage for the Nurses Program is issued as occurrence.

7. Our medical malpractice policies for healthcare practitioners average premium in IL is \$200. The price can range from \$35 for students to approximately \$1900 for Nurse Practitioners.

On average we issue between 9,000 and 10,000 policies annually in IL for these classes of business overall.

For all of these professions we offer the use of credit card for payment and for any premiums in excess of \$1000 the insured has the option to use a premium finance company.

For this high volume low premium business, it is necessary to maintain an efficient and cost effective administration process. The added steps required to administer an installment payment plan will result in a significant increase to the ultimate dollars paid by our insureds.

It is estimated that in order to accommodate an installment payment plan on these low premium policies, we must attach added fees to the price the ultimate customer pays of as much as \$100. Which on a \$35 or even \$100 policy is at minimum doubling the price. This estimated price does not include costs related to the paperwork and labor associated with potential late payments by the customer which create cancellations and considerations for reinstatements when/if the insured finally pays, etc.

Our current automated process for administering this business will not accommodate an installment plan. A manual process would have to be implemented.

Bare minimum we would ask that a minimum premium threshold for these installment plans is set at \$1,500.

8. Insureds are charged the same rate, by profession, regardless of their county location in Illinois.

9. The Chicago Insurance Company does not have a scheduled rating plan. We do not offer the extended reporting period coverage as these are occurrence policies.

We hope our response will enable you to complete your review of our filing.

Thank you,

Kelly Cole
Fireman's Fund Specialty
Phone: 312.456.7981

(See attached file: NPG ILLINOIS CERTIFICATION2.pdf)(See attached file: ALL NURSES RATING RULES.pdf)

Gayle_Neuman@ins.
state.il.us

12/27/2005 02:52 PM To
kcole@ffic.com cc

Subject
Chicago Ins. Co. - Nurses Rate
Filing #CGIL-NRS-IL-03-06-RA

Re: American Nurses Association/State Nurses Association Purchasing Group
American Healthcare Professions Purchasing Group

National Nurses Purchasing Group
Professional Nursing Organization Purchasing Group

K. Cole,

We are in receipt of the above referenced filing submitted by letter dated November 22, 2005. Please address the following:

1. 50 Ill. Adm. Code 929.30 requires an insurance company submitting a rate/rule filing to identify the class or classes of medical liability insurance to which the filing applies. Does this filing apply to nurse-anesthetists, nurse - licensed practical, nurse - midwife, nurse - practitioners, nurse - private duty, or nurse - registered?
2. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. Please provide such certification (an example is below).
3. Provide a copy of the complete rate/rule manual, including any changes made with this filing. 50 Ill. Adm. Code 929.30 requires identification of all changes from superseding filings.
4. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
5. Indicate if your company has a scheduled rating plan and if so, indicate the page in your rate/rule manual where this information can be found.
6. Is coverage issued as claims-made and occurrence?
7. Pursuant to SB 475, the company is required to file their quarterly installment payment plan. We request you provide information, not limited to:
 - a. Are these quarterly payments each 25% of the premium? Is this identical for the extended reporting period premium?
 - b. Do you charge the insured anything for the payment plan, i.e. installment fees, etc.?
 - c. Are any other payment installment plans offered?
 - d. Will you offer every new insured and every renewal insured such plan(s) after January 1, 2006?
8. There were no territory definitions included. Do you charge any insured the same amount regardless of their county location in Illinois?
9. Where is any available information about a scheduled rating plan?
Where do you indicate the period in which an insured may purchase an extended reporting period?

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS.
IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, _____ (Name of officer typed or printed) _____, a duly authorized officer of _____ (Name of Insurer typed or printed) _____, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, _____ (Name of actuary typed or printed) _____, a duly authorized actuary of _____ (Name of actuary firm typed or printed) _____ am authorized to certify on behalf of (Name of Insurance Company) making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer Date

Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN ____ - _____ Filing Number

Insurer's Address

City _____ State _____ Zip Code _____

Contact Person's:

-Name and E-mail

-Direct Telephone and Fax

Number _____

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.



NPG ILLINOIS
RTIFICATION2.pdf



ALL NURSES
TING RULES.pdf



kcole@ffic.com
02/01/2006 08:17 AM

To Gayle_Neuman@ins.state.il.us
cc
bcc
Subject Re: Chicago Ins. Co. - Nurses Rate Filing
#CGIL-NRS-IL-03-06-RA

Ms. Neuman,

The Chicago Insurance Company (NAIC # 22810) appreciates your response to our filing. We have addressed your concerns below.

1. This filing applies to Nurse Practitioners, specifically:
Obstetrical Nurse Practitioner
Psychiatric Nurse Practitioner
Pediatric Nurse Practitioner
All Other Nurse Practitioner
2. A signed copy of the certification form is attached.
3. The rating rules approved in the Nurses Program filing effective February 15, 2004 are still in use by the Chicago Insurance Company. The current manual is included in this response.
4. We report our statistics to the National Independent Statistical Service (NISS).
5. The Chicago Insurance Company does not have a scheduled rating plan for the Nurses Program.
6. Coverage for the Nurses Program is issued as occurrence.
7. Our medical malpractice policies for healthcare practitioners average premium in IL is \$200. The price can range from \$35 for students to approximately \$1900 for Nurse Practitioners.

On average we issue between 9,000 and 10,000 policies annually in IL for these classes of business overall.

For all of these professions we offer the use of credit card for payment and for any premiums in excess of \$1000 the insured has the option to use a premium finance company.

For this high volume low premium business, it is necessary to maintain an efficient and cost effective administration process. The added steps required to administer an installment payment plan will result in a significant increase to the ultimate dollars paid by our insureds.

It is estimated that in order to accommodate an installment payment plan on these low premium policies, we must attach added fees to the price the ultimate customer pays of as much as \$100. Which on a \$35 or even \$100 policy is at minimum doubling the price. This estimated price does not include costs related to the paperwork and labor associated with potential late payments by the customer which create cancellations and considerations

for reinstatements when/if the insured finally pays, etc.

Our current automated process for administering this business will not accommodate an installment plan. A manual process would have to be implemented.

Bare minimum we would ask that a minimum premium threshold for these installment plans is set at \$1,500.

8. Insureds are charged the same rate, by profession, regardless of their county location in Illinois.

9. The Chicago Insurance Company does not have a scheduled rating plan. We do not offer the extended reporting period coverage as these are occurrence policies.

We hope our response will enable you to complete your review of our filing.

Thank you,

Kelly Cole

Fireman's Fund Specialty

Phone: 312.456.7981

(See attached file: NPG ILLINOIS CERTIFICATION2.pdf) (See attached file: ALL NURSES RATING RULES.pdf)

Gayle_Neuman@ins.
state.il.us

12/27/2005 02:52
PM

kcole@ffic.com

To

cc

Subject

Chicago Ins. Co. - Nurses Rate
Filing #CGIL-NRS-IL-03-06-RA

Re: American Nurses Association/State Nurses Association Purchasing
Group

American Healthcare Professions Purchasing Group
National Nurses Purchasing Group
Professional Nursing Organization Purchasing Group

K. Cole,

We are in receipt of the above referenced filing submitted by letter dated November 22, 2005. Please address the following:

1. 50 Ill. Adm. Code 929.30 requires an insurance company submitting a rate/rule filing to identify the class or classes of medical liability

insurance to which the filing applies. Does this filing apply to nurse-anesthetists, nurse - licensed practical, nurse - midwife, nurse - practitioners, nurse - private duty, or nurse - registered?

2. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. Please provide such certification (an example is below).

3. Provide a copy of the complete rate/rule manual, including any changes made with this filing. 50 Ill. Adm. Code 929.30 requires identification of all changes from superseding filings.

4. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

5. Indicate if your company has a scheduled rating plan and if so, indicate the page in your rate/rule manual where this information can be found.

6. Is coverage issued as claims-made and occurrence?

7. Pursuant to SB 475, the company is required to file their quarterly installment payment plan. We request you provide information, not limited to:

a. Are these quarterly payments each 25% of the premium? Is this identical for the extended reporting period premium?

b. Do you charge the insured anything for the payment plan, i.e. installment fees, etc.?

c. Are any other payment installment plans offered?

d. Will you offer every new insured and every renewal insured such plan(s) after January 1, 2006?

8. There were no territory definitions included. Do you charge any insured the same amount regardless of their county location in Illinois?

9. Where is any available information about a scheduled rating plan? Where do you indicate the period in which an insured may purchase an extended reporting period?

Your prompt attention is appreciated.

Gayle Neuman

Property & Casualty Compliance Unit

Illinois Department of Financial & Professional Regulation, Division of Insurance

fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18) (3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, _____ (Name of officer typed or printed) _____, a duly authorized officer of _____ (Name of Insurer typed or printed) _____, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, _____ (Name of actuary typed or printed) _____, a duly authorized actuary of _____ (Name of actuary firm typed or printed) _____ am authorized to certify on behalf of (Name of Insurance Company) making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer
Date

Signature, Title and Designation of Authorized Actuary
Date

Insurance Company FEIN _ _ - _ _ _ _ _ Filing Number

Insurer's Address

City _____ State _____ Zip _____
Code _____

Contact Person's:
-Name and E-mail

-Direct Telephone and Fax
Number _____

Please Note:

The information in this E-mail message, and any files transmitted with it, is confidential and may be legally privileged. It is intended only for the use of the individual(s) named above. If you are the intended recipient, be aware that your use of any confidential or personal information may be restricted by state and federal privacy laws. If you, the reader of this message, are not the intended recipient, you are hereby notified that you should not further disseminate, distribute, or forward this E-mail message. If you have received this E-mail in error, please notify the sender and delete the material from any computer. Thank you.



NPG ILLINOIS CERTIFICATION2.pdf ALL NURSES RATING RULES.pdf

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

8. Premium rounding will be done at each step of the calculation and shall be rounded to the

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04

nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

**CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04**

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

**CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04**

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.

10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 2/15/04

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

The Fireman's Fund Insurance Companies

Rate Filing Effective March 1, 2006 Actuarial Memorandum Nurses Professional Liability

Please find attached actuarial support for the following rate changes:

1. We are requesting a 20% base rate increase for Self-Employed Nurse Practitioners. (Refer to Exhibit 1 and 2 for supporting data.)
2. We are requesting a 10.0% base rate increase for all LVNs and RNs. (Refer to Exhibit 1 and 2 for supporting data.)

The requested increase for Self-Employed Nurse Practitioners is intended to account for the additional risk presented by these exposures. A self-employed practitioner generally works independently and has complete and independent control of the decision making process, thus assuming greater liability for these decisions. A self-employed practitioner may also have employees for which they assume vicarious liability, and also may be working in a facility that they operate and manage. Neither of these risk elements is associated with an employed practitioner and therefore increases the risk of providing coverage to a self-employed practitioner.

The overall rate effect of these changes is an increase of 11.6%.

Our indications are developed on the attached exhibits. The exhibits provide the detailed backup for the various factors used to develop the indications. In general, our individual state experience lacks sufficient credibility to develop indications at the state level so our analysis is predicated on countrywide data. We included data from our overall Nurses program when choosing trend factors and loss development factors.

Exhibit 1, Sheet 1
The Fireman's Fund Insurance Companies
Professional Liability for LVNs, LPNs, Aides and Assistants
Development of Rate Indication

(1) Countrywide Experience Loss & ALAE Ratio	73.5%
(2) Number of Projected Ultimate Claims	89
(3) Credibility of Countrywide Experience	36.1%
(4) Complement of Credibility	63.9%
(5) Permissible Loss & ALAE Ratio	49.0%
(6) Trended Permissible Loss & ALAE Ratio	56.5%
(7) Credibility Weighted Loss & ALAE Ratio	62.6%
(8) Credibility Weighted Rate Indication	27.9%
(9) Selected Rate Change	10.0%

Notes:

- (1) From Exhibit 2 Sheet 1, Row 15
- (2) Total from Column (7) of Exhibit 2 Sheet 1.
- (3) Minimum of 1.00 or $\{ (2) / 683 \} ^{0.5}$.
- (4) $= 1 - (3)$
- (5) From Exhibit 6, Row 11
- (6) $= (5) \times (1 + \text{trend from Exhibit 5})$
- (7) $= \{ (1) \times (3) \} + \{ (4) \times (6) \}$
- (8) $= [(7) / (5)] - 1$

Exhibit 1, Sheet 2
The Fireman's Fund Insurance Companies
Professional Liability for RNs
Development of Rate Indication

(1) Countrywide Experience Loss & ALAE Ratio	99.4%
(2) Number of Projected Ultimate Claims	654
(3) Credibility of Countrywide Experience	97.8%
(4) Complement of Credibility	2.2%
(5) Permissible Loss & ALAE Ratio	49.0%
(6) Trended Permissible Loss & ALAE Ratio	56.5%
(7) Credibility Weighted Loss & ALAE Ratio	98.5%
(8) Credibility Weighted Rate Indication	101.1%
(9) Selected Rate Change	10.0%

Notes:

- (1) From Exhibit 2 Sheet 2, Row 15
- (2) Total from Column (7) of Exhibit 2 Sheet 2.
- (3) Minimum of 1.00 or $\{ (2) / 683 \} ^{0.5}$.
- (4) $= 1 - (3)$
- (5) From Exhibit 6, Row 11
- (6) $= (5) \times (1 + \text{trend from Exhibit 5})$
- (7) $= \{ (1) \times (3) \} + \{ (4) \times (6) \}$
- (8) $= [(7) / (5)] - 1$

Exhibit 1, Sheet 3
The Fireman's Fund Insurance Companies
Professional Liability for Self-Employed Nurse Practitioners (NPs)
Development of Rate Indication

(1) Countrywide Experience Loss & ALAE Ratio	72.9%
(2) Number of Projected Ultimate Claims	114
(3) Credibility of Countrywide Experience	40.9%
(4) Complement of Credibility	59.1%
(5) Permissible Loss & ALAE Ratio	49.0%
(6) Trended Permissible Loss & ALAE Ratio	56.5%
(7) Credibility Weighted Loss & ALAE Ratio	63.2%
(8) Credibility Weighted Rate Indication	29.0%
(9) Selected Rate Change	20.0%

Notes:

- (1) From Exhibit 2 Sheet 3, Row 15
- (2) Total from Column (7) of Exhibit 2 Sheet 3.
- (3) Minimum of 1.00 or $\{ (2) / 683 \} ^{0.5}$.
- (4) $= 1 - (3)$
- (5) From Exhibit 6, Row 11
- (6) $= (5) \times (1 + \text{trend from Exhibit 5})$
- (7) $= \{ (1) \times (3) \} + \{ (4) \times (6) \}$
- (8) $= [(7) / (5)] - 1$

Exhibit 2, Sheet 1
The Fireman's Fund Insurance Companies
Professional Liability for LVNs, LPNs, Aides and Assistants

Ratemaking Calculations - Countrywide

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Accident Year	Earned Premium	On-Level Factors	On-Level Earned Premium	Paid Loss and ALAE	Case Reserves	Reported Loss and ALAE	Ultimate Claim Counts
2000	769,986	1.305	1,004,832	55,045	500,000	555,045	14
2001	717,602	1.305	936,471	104,908	-	104,908	12
2002	712,110	1.305	929,304	34,774	225,001	259,775	13
2003	689,642	1.169	817,574	9,401	1,600	11,001	16
2004	706,999	1.002	708,292	10,731	46,106	56,837	34
Total	3,606,340		4,396,474	214,858	772,707	987,565	89

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Accident Year	Paid Link Ratio	Reported Link Ratio	Rptd Bornhuetter-Ferguson	Selected Ultimate Losses	Trend Factors	Trended Selected Ultimate Losses	Ultimate Loss Ratio
2000	74,461	595,791		335,126	2.591	868,440	86.4%
2001	179,642	129,144		154,393	2.246	346,719	37.0%
2002	137,446	482,621		310,033	1.947	603,594	65.0%
2003	109,072	39,825	329,010	184,417	1.688	311,261	38.1%
2004	688,945	894,054	472,610	751,870	1.463	1,100,153	155.3%
Total	1,389,566	2,141,434	801,620	1,735,839		3,230,167	73.5%

(15) Experience Loss and ALAE Ratio							73.5%
-------------------------------------	--	--	--	--	--	--	-------

Notes

(2) Based on historical rate changes; see Exhibit 3 Sheet 1.

(3) = (1) x (2)

(8)-(9) Based on loss development factors in Exhibit 6.

(10) A priori loss ratio equals average of (14), AYs 2000-2002

(11) Selected judgmentally based on (8) - (10).

(12) From Exhibit 5.

(13) = (11) x (12)

(14) = (13) / (3)

Exhibit 2, Sheet 2
The Fireman's Fund Insurance Companies
Professional Liability for RNs

Ratemaking Calculations - Countrywide

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Accident Year	Earned Premium	On-Level Factors	On-Level Earned Premium	Paid Loss and ALAE	Case Reserves	Reported Loss and ALAE	Ultimate Claim Counts
2000	8,086,696	1.000	8,086,696	904,580	246,001	1,150,581	124
2001	7,702,631	1.000	7,702,631	1,358,192	92,511	1,450,703	114
2002	7,642,584	1.000	7,642,584	1,197,990	729,976	1,927,966	131
2003	7,518,768	1.000	7,518,768	576,037	418,517	994,554	117
2004	7,247,545	1.000	7,247,545	182,438	306,668	489,126	168
Total	38,198,224		38,198,224	4,219,238	1,793,693	6,012,931	654

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Accident Year	Paid Link Ratio	Projected Ultimate Losses Reported Link Ratio	Rptd Bornhuetter-Ferguson	Selected Ultimate Losses	Trend Factors	Trended Selected Ultimate Losses	Ultimate Loss Ratio
2000	1,223,665	1,235,045		1,229,355	2.591	3,185,731	39.4%
2001	2,325,734	1,785,850		2,055,792	2.246	4,616,664	59.9%
2002	4,735,165	3,581,860		4,158,513	1.947	8,096,072	105.9%
2003	6,683,515	3,600,470	4,717,963	5,000,649	1.688	8,440,145	112.3%
2004	15,112,968	7,694,021	5,132,761	9,513,250	1.463	13,627,369	188.0%
Total	30,081,047	17,897,247	9,850,724	21,757,559		37,965,982	99.4%

(15) Experience Loss and ALAE Ratio							99.4%
-------------------------------------	--	--	--	--	--	--	-------

Notes

(2) Based on historical rate changes; see Exhibit 3 Sheet 2.

(3) = (1) x (2)

(8)-(9) Based on loss development factors in Exhibit 6.

(10) A priori loss ratio equals average of (14), AYs 2000-2002

(11) Selected judgmentally based on (8) - (10).

(12) From Exhibit 5.

(13) = (11) x (12)

(14) = (13) / (3)

Exhibit 2, Sheet 3
The Fireman's Fund Insurance Companies
Professional Liability for Self-Employed Nurse Practitioners (NPs)

Ratemaking Calculations - Countrywide

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Accident Year	Earned Premium	On-Level Factors	On-Level Earned Premium	Paid Loss and ALAE	Case Reserves	Reported Loss and ALAE	Ultimate Claim Counts
2000	661,059	1.484	981,277	30,131	10,000	40,131	18
2001	735,225	1.484	1,091,368	376,404	226,464	602,869	14
2002	788,438	1.484	1,170,357	85,498	7,522	93,020	24
2003	874,889	1.484	1,298,685	104,632	312,511	417,143	35
2004	1,149,568	1.361	1,564,479	4,023	30,005	34,028	23
Total	4,209,179		6,106,166	600,687	586,502	1,187,189	114

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Accident Year	Paid Link Ratio	Reported Link Ratio	Rptd Bornhuetter-Ferguson	Selected Ultimate Losses	Trend Factors	Trended Selected Ultimate Losses	Ultimate Loss Ratio
2000	40,759	43,077		41,918	2.591	108,625	11.1%
2001	644,545	742,146		693,345	2.246	1,557,036	142.7%
2002	337,937	172,816		255,377	1.947	497,184	42.5%
2003	1,213,996	1,510,133	490,961	1,071,697	1.668	1,808,820	139.3%
2004	333,257	535,260	112,470	326,989	1.463	478,458	30.6%
Total	2,570,474	3,003,432	603,431	2,389,326		4,450,124	72.9%

(15) Experience Loss and ALAE Ratio							72.9%
-------------------------------------	--	--	--	--	--	--	-------

Notes

- (2) Based on historical rate changes; see Exhibit 3 Sheet 3.
- (3) = (1) x (2)
- (8)-(9) Based on loss development factors in Exhibit 6.
- (10) A priori loss ratio equals average of (14), AYs 2000-2002
- (11) Selected judgmentally based on (8) - (10).
- (12) From Exhibit 5.
- (13) = (11) x (12)
- (14) = (13) / (3)

Exhibit 3, Sheet 1

Overall
Effective

Exhibit 3, Sheet 2
The Fireman's Fund Insurance Companies
Professional Liability for RNs
Calculation of Rate Level Factors

Date	Rate Change	Rate Level	Rate Change	Rate Level	Factor to				
					Overall Effective	Accident Year	Average Rate Level	Current Rate Level	Current Rate Level
10/1/1998	-5.80%	1.0000	1.0000	1.0000	1.0000	1997	1.0000	0.9420	0.9420
2/15/2004	0.00%	0.9420	0.9420	0.9420	0.9420	1998	0.9982	0.9420	0.9437
7/1/2005	0.00%	1.0000	1.0000	0.9420	0.9420	1999	0.9583	0.9420	0.9830
						2000	0.9420	0.9420	1.0000
						2001	0.9420	0.9420	1.0000
						2002	0.9420	0.9420	1.0000
						2003	0.9420	0.9420	1.0000
						2004	0.9420	0.9420	1.0000
						2005	0.9420	0.9420	1.0000
Average Rate Level:						1997	0.9982	0.9583	0.9420
						1998	0.0313	0.7188	1.0000
						1999	0.9688	0.2813	1.0000
						2000	1.0000	1.0000	1.0000
						2001	1.0000	1.0000	1.0000
						2002	1.0000	1.0000	1.0000
						2003	1.0000	1.0000	1.0000
						2004	0.6172	0.6172	0.0078
						2005	0.3828	0.3828	0.8672
									0.1250
									0.9420

Exhibit 3, Sheet 3
The Fireman's Fund Insurance Companies
Professional Liability for Self Employed Nurse Practitioners (NPs)
Calculation of Rate Level Factors

Date	Rate Change	Rate Level	Overall Effective Rate Change	Factor to			
				Accident Year	Average Rate Level	Current Rate Level	Current Rate Level
10/1/1998	-37.4%	1.0000	1.0000	1997	1.0000	0.9292	0.9292
2/15/2004	23.7%	0.6260	0.6260	1998	0.9883	0.9292	0.9402
7/1/2005	20.0%	1.2370	0.7744	1999	0.7312	0.9292	1.2709
		1.2000	0.9292	2000	0.6260	0.9292	1.4844
				2001	0.6260	0.9292	1.4844
				2002	0.6260	0.9292	1.4844
				2003	0.6260	0.9292	1.4844
				2004	0.6828	0.9292	1.3609
				2005	0.7926	0.9292	1.1724
Average Rate Level:				1997	1.0000	0.9292	0.9292
				1998	0.9883	0.9292	0.9402
				1999	0.7312	0.9292	1.2709
				2000	0.6260	0.9292	1.4844
				2001	0.6260	0.9292	1.4844
				2002	0.6260	0.9292	1.4844
				2003	0.6260	0.9292	1.4844
				2004	0.6828	0.9292	1.3609
				2005	0.7926	0.9292	1.1724
Average Rate Level:				1997	1.0000	0.9292	0.9292
				1998	0.9883	0.9292	0.9402
				1999	0.7312	0.9292	1.2709
				2000	0.6260	0.9292	1.4844
				2001	0.6260	0.9292	1.4844
				2002	0.6260	0.9292	1.4844
				2003	0.6260	0.9292	1.4844
				2004	0.6828	0.9292	1.3609
				2005	0.7926	0.9292	1.1724

Exhibit 4, Sheet 1
The Fireman's Fund Insurance Companies
Nurses Professional Liability

Paid Loss Development Factors by Accident Year
Countrywide

Accident Year	Paid Losses and ALAE										
	Evaluation Age in Months										
	9	21	33	45	57	69	81	93	105	117	129
1995	2,000	108,000	433,000	1,417,000	2,694,000	3,390,000	3,561,000	3,846,000	3,870,000	3,916,000	3,916,000
1996	8,000	29,000	398,000	1,591,000	2,077,000	2,616,000	3,963,000	5,752,000	5,858,000	5,959,000	-
1997	-	50,000	704,000	2,059,000	3,745,000	3,961,000	3,991,000	4,113,000	4,126,000	-	-
1998	14,000	102,000	484,000	1,247,000	3,807,000	5,896,000	7,326,000	7,821,000	-	-	-
1999	3,000	98,000	735,000	1,839,000	4,809,000	5,224,000	5,498,000	-	-	-	-
2000	44,000	115,000	472,000	1,445,000	4,644,000	6,473,000	-	-	-	-	-
2001	9,000	102,000	631,000	2,039,000	5,091,000	-	-	-	-	-	-
2002	21,000	192,000	999,000	2,616,000	-	-	-	-	-	-	-
2003	26,000	244,000	2,569,000	-	-	-	-	-	-	-	-
2004	13,000	455,000	-	-	-	-	-	-	-	-	-
2005	31,000	-	-	-	-	-	-	-	-	-	-

Accident Year	Age-to-Age Factors										
	Evaluation Age in Months										
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to Ult
1995	54,000	4,009	3,273	1,901	1,258	1,050	1,080	1,006	1,012	1,000	-
1996	3,625	13,724	3,997	1,305	1,260	1,515	1,451	1,018	1,017	-	-
1997	-	14,080	2,925	1,819	1,058	1,008	1,031	1,003	-	-	-
1998	7,286	4,745	2,576	3,053	1,549	1,243	1,068	-	-	-	-
1999	32,667	7,500	2,502	2,615	1,086	1,052	-	-	-	-	-
2000	2,614	4,104	3,061	3,214	1,394	-	-	-	-	-	-
2001	11,333	6,186	3,231	2,497	-	-	-	-	-	-	-
2002	9,143	5,203	2,619	-	-	-	-	-	-	-	-
2003	9,385	10,529	-	-	-	-	-	-	-	-	-
2004	35,000	-	-	-	-	-	-	-	-	-	-

Average Type	Average Development										
	Evaluation Age in Months										
	9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to Ult
All Years	18,339	7,787	3,023	2,343	1,267	1,174	1,157	1,009	1,015	1,000	-
Latest 3	17,842	7,306	2,970	2,775	1,343	1,101	1,183	1,009	1,015	1,000	-
Ex Hi-Lo	15,491	7,427	2,948	2,377	1,249	1,115	1,074	1,006	1,015	1,000	-
Wtd. Avg.	10,679	7,139	2,935	2,309	1,266	1,154	1,143	1,010	1,015	1,000	-
Wtd. Last 3	14,850	7,805	2,902	2,732	1,327	1,115	1,157	1,010	1,015	1,000	-

Selected Loss Development Factors

Age-to-Age	10,679	7,139	2,935	2,309	1,266	1,154	1,143	1,010	1,015	1,000	1,000
Age-to-Ult	884,602	82,839	11,603	3,953	1,712	1,353	1,172	1,026	1,015	1,000	1,000

Exhibit 4, Sheet 2

Incurred Loss Development Factors by Accident Year
Countrywide

[illegible][illegible]

Average Development		Evaluation Age in Months										
		9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to Ult
Average Type												
All Years	12.694	5.762	2.077	1.498	1.133	1.070	0.998	1.011	1.024	0.989		
Latest 3	4.096	1.992	1.617	1.265	1.023	1.023	0.982	1.011	1.024	0.999		
Ex. Hi-Lo	6.985	4.696	2.111	1.488	1.073	1.051	0.991	1.010				
Wtd. Avg.	5.605	4.345	1.948	1.509	1.147	1.074	0.989	1.011	1.037	0.999		
Wtd. Last 3	7.463	3.993	1.852	1.631	1.243	1.035	0.977	1.011	1.037	0.999		

Selected Loss Development Factors

[illegible]

Exhibit 4, Sheet 3
The Fireman's Fund Insurance Companies
Nurses Professional Liability

Claim Count Development Factors by Accident Year
Countrywide

Accident Year		Reported Claim Counts										
		9	21	33	45	57	69	81	93	105	117	129
1995		16	79	119	151	163	172	177	178	178	179	179
1996		24	67	126	160	179	185	187	189	189	189	-
1997		10	57	120	169	189	194	196	199	200	-	-
1998		25	104	166	203	217	230	232	234	-	-	-
1999		21	104	167	198	219	220	220	-	-	-	-
2000		45	112	162	199	216	223	-	-	-	-	-
2001		35	88	143	181	191	-	-	-	-	-	-
2002		29	117	173	213	-	-	-	-	-	-	-
2003		53	119	166	-	-	-	-	-	-	-	-
2004		55	126	-	-	-	-	-	-	-	-	-
2005		54	-	-	-	-	-	-	-	-	-	-
Accident Year		Age-to-Age Factors										
		9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to Ult
1995		4.938	1.506	1.269	1.079	1.055	1.029	1.006	1.000	1.006	1.000	
1996		2.792	1.881	1.270	1.119	1.034	1.011	1.011	1.000	1.000		
1997		5.700	2.105	1.408	1.118	1.026	1.010	1.015	1.005			
1998		4.160	1.596	1.223	1.069	1.060	1.009	1.009				
1999		4.952	1.606	1.186	1.106	1.005	1.000					
2000		2.489	1.446	1.228	1.085	1.032						
2001		2.514	1.625	1.266	1.055							
2002		4.034	1.479	1.231								
2003		2.245	1.395									
2004		2.291										
Average Type		Average Development										
		9 to 21	21 to 33	33 to 45	45 to 57	57 to 69	69 to 81	81 to 93	93 to 105	105 to 117	117 to 129	129 to Ult
All Years		3.612	1.627	1.260	1.090	1.035	1.012	1.010	1.002	1.003	1.000	
Latest 3		2.857	1.500	1.242	1.082	1.032	1.006	1.012	1.002	1.003	1.000	
Ex. Hi-Lo		3.521	1.591	1.248	1.092	1.037	1.010	1.010	1.000			
Wtd. Avg.		3.109	1.584	1.253	1.090	1.035	1.011	1.010	1.002	1.003	1.000	
Wtd. Last 3		2.642	1.488	1.241	1.083	1.032	1.006	1.011	1.002	1.003	1.000	
Selected Loss Development Factors												
		Age-to-Age										
Age-to-Age		3.109	1.584	1.253	1.090	1.035	1.011	1.010	1.002	1.003	1.000	1.000
Age-to-Ult		7.141	2.297	1.450	1.157	1.062	1.026	1.015	1.004	1.003	1.000	1.000

Exhibit 5
The Fireman's Fund Insurance Companies
Nurses Professional Liability

Countrywide Experience															
(1) Accident Year	(2) Paid Loss & ALAE	(3) Incurred Loss & ALAE	(4) Paid Development Factor	(5) Incurred Development Factor	(6) Indicated Ultimate From Paid Development	(7) Indicated Ultimate From Incurred Development	(8) Selected Ultimate Loss & ALAE	(9) Reported Claim Count	(10) Claim Emergence Factor	(11) Ultimate Claim Count	(12) Ultimate Severity	(13) Earned Premium	(14) Premium Factor On Current Level	(15) On Level Earned Premium	(16) Exposure Adjusted Frequency
1995	3,916,000	3,916,000	1.000	1.000	3,916,000	3,916,000	3,916,000	179	1.000	179	21,877	15,571,929	1.037	16,144,037	11.09
1996	5,959,000	6,714,000	1.000	1.000	5,959,000	6,714,000	6,336,500	189	1.000	189	33,526	15,416,574	1.037	15,982,975	11.83
1997	4,126,000	4,166,000	1.015	1.000	4,188,348	4,166,000	4,177,174	200	1.003	201	20,782	15,516,249	1.037	16,086,312	12.50
1998	7,821,000	7,876,000	1.026	1.011	8,021,986	7,961,555	7,991,770	234	1.004	235	34,008	14,845,502	1.040	15,437,717	15.22
1999	5,498,000	6,204,000	1.172	0.999	6,444,730	6,199,446	6,322,088	220	1.015	223	28,350	13,028,050	1.114	14,519,939	15.36
2000	6,473,000	10,715,000	1.353	1.073	8,756,310	11,501,588	10,128,949	223	1.026	229	44,231	12,651,050	1.148	14,524,746	15.77
2001	5,091,000	7,416,000	1.712	1.231	8,717,702	9,129,274	8,923,488	191	1.062	203	43,958	12,280,196	1.148	14,098,966	14.40
2002	2,616,000	4,693,000	3.953	1.858	10,339,979	8,718,861	9,529,420	213	1.157	246	38,737	12,414,073	1.148	14,252,672	17.26
2003	2,569,000	4,512,000	11.603	3.620	29,807,018	16,334,274	23,070,646	166	1.450	241	95,729	12,601,331	1.148	14,467,563	16.66
2004	455,000	1,188,000	82.839	15.730	37,691,620	18,687,391	28,189,506	126	2.297	289	97,542	13,320,894	1.116	14,872,488	19.43
1996 - 2003 Fitted Trend											14.9%	4.7%			
Selected											12.0%	3.0%			
Average											Total Trend				
Average											Trend	15.4%			
Midpoint of Experience											Period	Factor			
Accident Year											Annual Trend	Effective Period			

Accident Year	Annual Trend	Midpoint of Experience	Average Accident Date of Effective Period	Trend Period	Trend Factor
2000	1.154	7/1/2000	3/1/2007	6.66	2.591
2001	1.154	7/2/2001	3/1/2007	5.66	2.246
2002	1.154	7/2/2002	3/1/2007	4.66	1.947
2003	1.154	7/2/2003	3/1/2007	3.66	1.668
2004	1.154	7/1/2004	3/1/2007	2.66	1.463

Exhibit 6
The Fireman's Fund Insurance Companies
Nurses Professional Liability

Projected Expenses

	2000	2001	2002	2003	2004	Selected
(1) Direct Written Premium	131,689	233,543	207,738	156,590	155,744	
(2) Direct Earned Premium	123,005	195,790	235,170	161,165	148,134	
Expense Category:						
(3) Commissions	30,368 23.1%	48,063 20.6%	43,176 20.8%	33,303 21.3%	33,030 21.2%	21.4%
(4) Other Acquisitions	8,151 6.6%	5,977 3.1%	7,849 3.3%	4,825 3.0%	4,082 2.8%	3.8%
(5) General	10,133 8.2%	13,947 7.1%	18,315 7.8%	11,259 7.0%	9,525 6.4%	7.3%
(6) Taxes, Licenses, and Fees	3,296 2.7%	4,793 2.4%	5,859 2.5%	4,000 2.5%	3,304 2.2%	2.5%
(7) Subtotal	51,948 40.6%	72,780 33.2%	75,199 34.4%	53,387 33.7%	49,941 32.6%	34.9%
(8) Unallocated Loss Adjustment Expenses	4,408 3.6%	9,192 4.7%	1,297 0.6%	2,726 1.7%	3,398 2.3%	2.6%
(9) Profit Load						13.6%
(10) Total Expenses						51.0%
(11) Permissible Loss and Allocated Loss Adjustment Expense Ratio						49.0%

Notes:

Based on IEE for Medical Malpractice using Fireman's Fund Insurance Companies consolidated data.

(11) = 1.00 - (10)

The Fireman's Fund Insurance Companies
Professional Liability Occurrence
Calculation of Underwriting Profit Provision

	<u>2002</u>	<u>2003</u>	<u>2004</u>	<u>Selected</u>
(1) Earned Premium (AS Page 4, Line 1, Col 1)	\$2,624,676,440	\$3,951,255,938	\$4,210,707,223	
(2) Investable Assets (AS Page 2, Line 10, Col 3)	\$10,561,863,002	\$10,808,273,330	\$9,725,795,497	
(3) Surplus (AS Page 3, Line 35, Col 1)	\$2,239,490,119	\$2,858,865,888	\$2,930,106,208	
(4) Net Investment Income Earned (AS Page 4, Line 9, Col 1)	\$472,473,418	\$511,123,917	\$483,732,059	
(5) Net Realized Capital Gains (AS Page 4, Line 10, Col 1)	(\$208,169,492)	(\$9,147,171)	\$10,758,814	
(6) Premium-to-Surplus ratio (1) / (3)	1.17	1.38	1.44	1.30
(7) Professional Liability Occurrence Premium-to-Capital ratio				0.84
(8) Premium-to-Assets ratio (1) / (2)	0.25	0.37	0.43	0.37
(9) Target After-Tax ROE				15.0%
(10) Tax Rate				31.0%
(11) Return on Assets [(4) + (5)] / (2)	2.5%	4.6%	5.1%	4.5%
(UW Income + Investment Income) x (1 - Tax Rate) = (Allocated Capital) x (Target After-Tax ROE)				

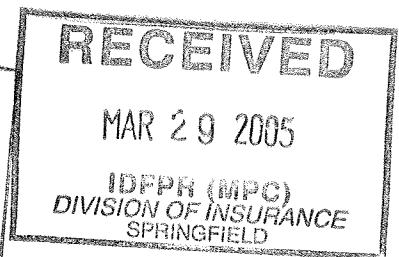
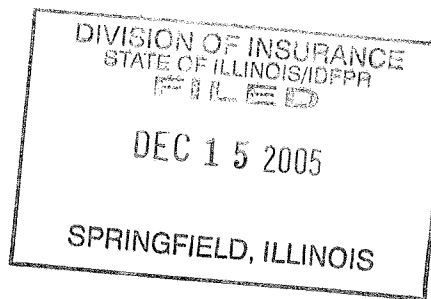
(12) UW Profit Provision
 $[(9) / (7)] / [1 - (10)] - [(11) / (8)]$ 13.6%



March 28, 2005

Honorable Deirdre K. Manna
Acting Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

Attention: Mr. John Gatlin
Supervisor, Property and Casualty Compliance Unit



Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Allied Health Purchasing Group Association
Health Care Professionals Purchasing Group Association
Professional Liability Rate Change Filing
Proposed Effective Date: June 1, 2005
Company Filing Number: CGILAHHCIL0501

Honorable Deirdre K. Manna:

On behalf of Chicago Insurance Company ("the Company"), we are submitting for your review, rate changes to two (2) classes that the Company underwrites on behalf of two (2) Risk Purchasing Groups. The classes and the corresponding Risk Purchasing Groups to which this filing is applicable to are listed in the succeeding paragraphs. Other than the changes indicated here, no changes for any other classes nor Risk Purchasing Groups are being proposed at this time.

The Company proposes rate changes to the following classes and the respective Risk Purchasing Groups:

Physician Assistants:

The Company proposes a 10% base rate increase to the Purchasing Group:

- Allied Health Purchasing Group

Physical Therapists

The Company is introducing a 15% surcharge for its Group Owners and Group Non-Owners classes. The overall rate impact is 11.1% rate increase for the following Risk Purchasing Programs:

- Allied Health Purchasing Group
- Health Care Professionals Purchasing Group

Also, the Company is introducing a \$50 charge for vicarious liability from independent contractors who perform work on behalf of Physical Therapists.

Enclosed are the following materials for the Department's review in support of the rate changes for each class.

Physician Assistants (Allied Health Purchasing Group Association):

- Actuarial Memorandum
- Filing Memorandum
- Actuarial Exhibits 1 through 12
- Proposed Rate Page: Allied Health Purchasing Group Association Physician Assistants Rates Effective June 1, 2005, *AHPGA, Page 1, 3/2005* (This page replaces *AHPGA, Page 1, 11/2003*).

RE: *Chicago Insurance Company*
Company filing number: CGILAHHCIL0501

Physician Therapists (Allied Health Purchasing Group Association and Health Care Professional Group Association):

- Actuarial Memorandum
- Filing Memorandum
- Actuarial Exhibits 1 through 12
- Physician Therapists Rating Rule Manual and Rates

► Allied Health Purchasing Group Association

	Proposed Pages	Replacing Current Pages
Rating Rule Manual:	AHPGA – PTs 6-1-2005, Page 1 to 3 (2-14-05)	AHPGA-PT, Page 1 to 4, (11/03)
Rates:	AHPGA Page 1 of 1, 3/2005	AHPGA, Page 1 of 1, November, 2003

► Health Care Professional Purchasing Association

	Proposed Pages	Replacing Current Pages
Rating Rule Manual:	HCPPG – PTs 6-1-2005, Page 1 to 3 (2-14-05)	HCPPG – PTs, Page 1 to 4 (11/03)
Rates:	HCPPGA – PTs Page 1 to 2, 3/2005	HCPPGA - PTs Page 1 to 2, 11/2003

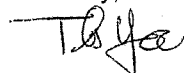
We respectfully request that the proposed rates increase be implemented for all policies effective June 1, 2005.

Also enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the rates and rules contained in this filing along with the explanatory memoranda and supporting exhibits. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

A copy of the cover letter and a self-addressed postage paid envelope are provided for the Department's acknowledgment.

Please do not hesitate to contact us if you have any questions or concerns.

Sincerely,



Thomas Yoo
Regulatory Compliance Coordinator
phone: 888.201.5123 x151
fax: 310.230.1061
e-mail: doi@perrknight.com

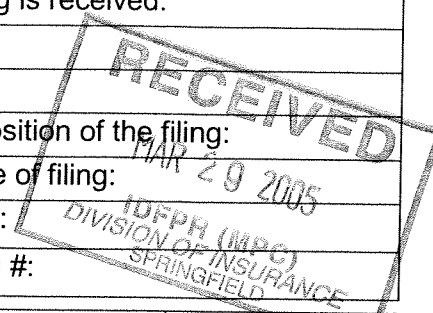
Enclosures

P E R R & K N I G H T



Property & Casualty Transmittal Document (Revised 1/1/05)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only		
	a. Date the filing is received:		
	b. Analyst:		
	c. Disposition:		
	d. Date of disposition of the filing:		
	e. Effective date of filing:		
	f. State Filing #:		
g. SERFF Filing #:			



3. Group Name	Group NAIC #
Interstate Insurance Group	761

4. Company Name(s)	Domicile	NAIC #	FEIN #
Chicago Insurance Company	IL	22810	36-6042949

5. Company Tracking Number	CGILAHHCPILO501
-----------------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Thomas Yoo 881 Alma Real Drive, Suite 205 Pacific Palisades, CA 90272	Regulatory Compliance Coordinator	888.201.5123 x 151	310.230.8529	doi@perrknight.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Thomas Yoo		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability-Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0019 Professional Errors and Omissions Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Allied Health Purchasing Group Association and Health Care Professionals Purchasing Group Association Professional Liability Rate Change Filing
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: June 1, 2005 Renewal: June 1, 2005
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	March 28, 2005
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20. This filing transmittal is part of Company Tracking #	CGILAHHCPI0501R
--	------------------------

21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

On behalf of Chicago Insurance Company ("the Company"), we are submitting for your review, rate changes to two (2) classes that the Company underwrites on behalf of two (2) Risk Purchasing Groups. The classes and the corresponding Risk Purchasing Groups to which this filing is applicable to are listed in the succeeding paragraphs. Other than the changes indicated here, no changes are being proposed for any other classes nor Risk Purchasing Groups are being proposed at this time.

The Company proposes the following rate changes to the following classes and the respective Risk Purchasing Groups:

Physician Assistants:

The Company proposes a 10% base rate increase to the Purchasing Group:

- Allied Health Purchasing Group

Physical Therapists

The Company is introducing a 15% surcharge for its Group Owners and Group Non-Owners classes. The overall rate impact is 11.1% rate increase for the following Risk Purchasing Programs:

- Allied Health Purchasing Group
- Health Care Professionals Purchasing Group

Also, the Company is introducing a \$50 charge for vicarious liability from independent contractors who perform work on behalf of Physical Therapists.

Enclosed are the following materials for the Department's review in support of the rate changes for each class.

Physician Assistants (Allied Health Purchasing Group Association):

- Actuarial Memorandum
- Filing Memorandum
- Actuarial Exhibits 1 through 12
- Proposed Rate Page: Allied Health Purchasing Group Association Physician Assistants Rates Effective June 1, 2005, *AHPGA, Page 1, 3/2005* (This page replaces *AHPGA, Page 1, 11/2003*).

Physician Therapists (Allied Health Purchasing Group Association and Health Care Professional Group Association):

- Actuarial Memorandum
- Filing Memorandum
- Actuarial Exhibits 1 through 12
- Physician Therapists Rating Rule Manual and Rates

► Allied Health Purchasing Group Association

	Proposed Pages	Replacing Current Pages
Rating Rule Manual:	AHPGA – PTs 6-1-2005, Page 1 to 3 (2-14-05)	AHPGA-PT, Page 1 to 4, (11/03)
Rates:	AHPGA Page 1 of 1, 3/2005	AHPGA, Page 1 of 1, November, 2003

► Health Care Professional Purchasing Association

	Proposed Pages	Replacing Current Pages
Rating Rule Manual:	HCPPG – PTs 6-1-2005, Page 1 to 3 (2-14-05)	HCPPG – PTs, Page 1 to 4 (11/03)
Rates:	HCPPGA – PTs Page 1 to 2, 3/2005	HCPPGA – PTs Page 1 to 2, 11/2003

We respectfully request that the proposed rates increase be implemented for all policies effective June 1, 2005.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
Check #: **FILING FEE NOT REQUIRED** Amount: Calculation:	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #	CGILAHHCPI0501								
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A								
<input checked="" type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)										
3.	Overall percentage rate impact for this filing	+10.0% (Physician Assistants) +11.1% (Physical Therapists)								
4.	Effect of Rate Filing – Written premium change for this program	178 (Physician Assistants) 41,225 (Physical Therapists)								
5.	Effect of Rate Filing – Number of policyholders	Data Not Available								
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Use & File								
7.	Rate Change by Company									
	Company Name	<table border="1"> <thead> <tr> <th rowspan="2">Percentage Change</th> <th colspan="2">Effect of Rate Filing</th> </tr> <tr> <th># of policyholders for this program</th> <th>Written premium change for this program</th> </tr> </thead> <tbody> <tr> <td>Chicago Insurance Company</td> <td>+10.0% (PA) +11.1% (PT)</td> <td>Data Not Available 178 (Physician Assistants) 41,225 (Physical Therapists)</td> </tr> </tbody> </table>	Percentage Change	Effect of Rate Filing		# of policyholders for this program	Written premium change for this program	Chicago Insurance Company	+10.0% (PA) +11.1% (PT)	Data Not Available 178 (Physician Assistants) 41,225 (Physical Therapists)
Percentage Change	Effect of Rate Filing									
	# of policyholders for this program	Written premium change for this program								
Chicago Insurance Company	+10.0% (PA) +11.1% (PT)	Data Not Available 178 (Physician Assistants) 41,225 (Physical Therapists)								
8.	Overall percentage of last rate revision	+11.2% (Physician Assistants) +20.1% (Physical Therapists)								
9.	Effective Date of last rate revision	10/1/1998								
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Use & File								

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rating Exhibits-Physicians/Surgeons Assistants Professional Liability	Exhibits 1 to 12	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	
02	Allied Health Purchasing Group Association Physician Assistants Rates Effective 06/01/05	AHPGA 3/2005	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03	Rating Exhibits-Physical Therapists Professional Liability	Exhibits 1 to 12	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	
04	Allied Health Purchasing Group Physical Therapists Program Rating Rule Manual Effective 06/01/05	AHPG-PTs 6-1-05 Pages 1 to 3 (2-14-05)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05	Allied Health Purchasing Group Association Physical Therapist Program Rates Effective 06/01/05	AHPGA 3/2005	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
06	Health Care Professionals Purchasing Group Physical Therapists Program Rating Rule Manual Effective 06/01/05	HCPPG-PTs 6-1-05 Pages 1 to 3 (2-14-05)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
07	Professional Liability Premium Effective 06/01/05	HCPPGA-PTs Pages 1 to 2 3/2005	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return. You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Mark J Kaufman, a duly authorized officer of Fireman's Fund Insurance Companies, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Mark J Kaufman, a duly authorized actuary of Fireman's Fund Insurance Companies am authorized to certify on behalf of Fireman's Fund Insurance Companies making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Mark J Kaufman VP + Chief Actuary - Specialty
Signature and Title of Authorized Insurance Company Officer

April 8, 2005
Date

Mark J Kaufman VP + Chief Actuary - Specialty
Signature, Title and Designation of Authorized Actuary

April 8, 2005
Date

Insurance Company FEIN 36 - 6042949

Filing Number CGIL-PL-AHHCP-IL-05-01-R

Insurer's Address 33 West Monroe Street, Suite 1200, Chicago, IL 60603

City Chicago

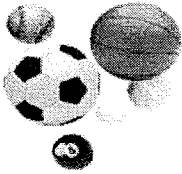
State IL

Zip Code 60603

Contact Person's:

-Name and E-mail Kelly Cole; kcole@ffic.com

-Direct Telephone and Fax Number 312.456.7981



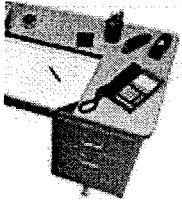
Marcy Savage/INS
04/01/2005 11:53 AM

To: Gayle Neuman/INS@INS
cc
bcc
Subject: Re: Chicago Insurance Company

The names you have indicated are slightly different than what I have so here the names I have:

Medical Related Professional Services Purchasing group Association
ANA/SNA Purchasing Group Association
Professional Nursing Organization Purchasing Group
National Nurses Purchasing Group Association
American Health Care Professions Purchasing Group Association
Allied Health Purchasing Group Association
Health Care Professions Purchasing Group Association

They are all insured by Chicago Insurance Company.
Gayle Neuman/INS



Gayle Neuman/INS
04/01/2005 09:16 AM

To: Marcy Savage/INS@INS
cc
Subject: Chicago Insurance Company

Please verify if these RPGs are properly registered - Chicago Insurance Company has submitted rate filings for such RPGs for each line of coverage:

Medical Related Professional Services Purchasing Group Association - for home health care

American Nurses Association / State Nurses Association Purchasing Group
Professional Nurses Organization Purchasing Group
National Nurses Purchasing Group
American Health Care Purchasing Group - for nurses

Allied Health Purchasing Group Association
Health Care Professionals Purchasing Group Association - for physician assistants and physical therapists

Thank you for your assistance.



Timothy_Kovac@FFIC.COM
12/15/2005 02:01 PM

To Gayle_Neuman@ins.state.il.us
cc Pam_Donnewald@ins.state.il.us, tkovac@ffic.com
bcc
Subject Re: Chicago Insurance Company - filing #CGILAHHCIL0501

December 15, 2005 is fine. Thanks Gayle and Pam for your help on these filings.

Timothy Kovac
Director, Government Affairs
Fireman's Fund Insurance Company
(202) 785-1826

Gayle_Neuman@ins.
state.il.us

12/15/2005 12:22
PM

tkovac@ffic.com

To

Pam_Donnewald@ins.state.il.us

cc

Subject
Chicago Insurance Company - filing
#CGILAHHCIL0501

Mr. Kovac,

The Director of Insurance has approved the above referenced rate filing. When the filing was originally submitted, the requested effective date was June 1, 2005.

If the insurance company has not been using the rates as of June 1, 2005, you will need to request a current effective date. The rates "on file" must be used as of their effective date. While some insured's premium may have increased, there could be others whose rates would have decreased. Additionally, if an increase exceeds 29.9%, the insured must be given 60 day notice pursuant to 215 ILCS 5/143.17a.

Please advise us of your answer. Your prompt response is appreciated so that we may finish processing your filing.



"Thomas Yoo"
<tyoo@perrknight.com>
04/28/2005 12:45 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Rate Filing #CGILAHHCIL0501 Physician Assistants & Physical Therapists

Ms. Neuman:

Thank you for your review of the above referenced filing and for your April 7, 2005 e-mail. The Chicago Insurance Company would like to offer the following response to your concerns in the same order as they were presented:

1. The required certification form is enclosed in this response.
2. The rating rules for the Physicians Assistants of the Allied Health Purchasing Group Association have not changed. The rating rules approved in the Allied Health Purchasing Group filing effective February 15, 2004 are still in use by the Chicago Insurance Company.

The rating rules for the Physical Therapists of the Allied Health Purchasing Group Association and the Health Care Professionals Purchasing Group Association were submitted with this filing.

3. We report our statistics to the National Independent Statistical Service (NISS)
4. The Chicago Insurance Company does not unfairly discriminate in offering or administering the Allied Health Purchasing Group Association or the Health Care Professional Purchasing Group Association.
5. The 10% increase for Physician Assistants will be the same for all insureds in this group. The 11.1% increase for Physical Therapists is an average. The increase consists of +15% for the group owners/group non-owners subclasses and 0% for the remaining classes (Refer to Exhibit 1A of the filing).
6. Rule 10a Loss Control / Risk Management Education Credit has a minimum of 0% and a maximum of 25%.

10b Claims Experience can range from +25% to -25%, therefore the minimum credit amount is 0% to a maximum of -25%, and the minimum debit amount is 0% to a maximum of 25%.

We trust that this information will enable you to resume consideration of this filing and we look forward to receiving an approval at the Department's earliest convenience.

If a hard copy of this response is preferred, please advise and we will be glad to send it. If you require more than one hard copy of the response or a self-addressed postage-paid envelope, kindly indicate so we can provide the appropriate number of copies and/or envelopes.

Sincerely,

Thomas Yoo

Regulatory Compliance Coordinator

Perr&Knight

phone: 888.201.5123 x151

fax: 310.230.1061

e-mail: tyoo@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Thursday, April 07, 2005 6:41 AM

To: Thomas Yoo

Subject: Rate Filing #CGILAHHCIL0501 Physician Assistants & Physical Therapists

Mr. Yoo,

We are in receipt of the above referenced filing submitted by letter dated March 28, 2005. The following additional information is required to process this filing:

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. Please complete the attached certification form.
2. Provide a copy of the complete rate/rule manual, including any changes made with this filing. 50 Ill. Adm. Code 929.30 requires identification of all changes from superseding filings. Please also provide us with a memorandum indicating (1) the superseded pages which is a revised page that is being replaced with an updated version, (2) pages that are withdrawn (and not replaced), and (3) new pages to be added that do not replace any previously filed page. We require a written statement certifying that nothing else has changed from what was previously filed except for the changes brought to our attention in this filing.
3. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

4. We require a written statement certifying that the insurance company does not unfairly discriminate in offering or administering this program.

5. In regard to the rate change increases, it appears the physician assistant 10% increase is for all insureds in the group. The physical therapists increase of 11.1% appears to be average. Is this correct?

6. Is your scheduled rating plan referred to as the "Modification Schedule". Does the scheduled rating plan have a maximum debit or credit percentage?

Your response is requested by April 20, 2005.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, _____ (Name of officer typed or printed) _____, a duly authorized officer of _____ (Name of Insurer typed or printed) _____, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, _____ (Name of actuary typed or printed) _____, a duly authorized actuary of _____ (Name of actuary firm typed or printed) _____ am authorized to certify on

behalf of (Name of Insurance Company) making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer

Date

Signature, Title and Designation of Authorized Actuary

Date

Insurance Company FEIN __ - _____

Filing Number _____

Insurer's Address _____

City _____ State _____ Zip Code _____

Contact Person's:

-Name and E-mail _____

-Direct Telephone and Fax Number _____



AHHCP IL Certificate.pdf

**Allied Health Purchasing Group Association
Health Care Professionals Purchasing Group Association
Filing Memorandum
Physical Therapists**

The Chicago Insurance Company (CIC) underwrites the Physical Therapy Professional Liability Program on behalf of the Allied Health Purchasing Group Association and the Health Care Professionals Purchasing Group Association on an Occurrence basis. This filing represents changes to rate and rating rules.

RATING RULES

Rating Rule Manuals for Physical Therapists are contained in this filing for ease of replacement.

The following changes have been made to the rating rules:

- The full time equivalency rating was deleted. As none of the agents were using this rating method, no insureds are affected by this change.
- References to Non-Owned Auto have been removed from the rating rules and rate pages as our agents no longer market this coverage, and therefore no insureds are impacted.
- The addition of a 15% multiplication factor for Groups.
- The addition of an Independent Contractor rate. For any insured that has a business relationship with an independent contractor to provide Physical Therapy services on behalf of the named insured, we will charge the named insured \$50 per independent contractor. This is a new rate added on the rate pages. Since this is new to the program, we do not have data to quantify the impact. Data regarding this minor change will be captured and monitored annually.

RATES

The attached rate pages reflect changes to rates for the following professionals:

Please refer to the actuarial memorandum and rate pages for additional information. All other rates remain unchanged.

Profession	Overall Rate Increase
Physical Therapists	11.1%

These changes are effective June 1, 2005.



"P&K State Filings"
<doi@perrknight.com>
11/11/2005 05:15 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Rate/Rule Filing #CGILAHHCIL0501 - Professional Liability

Ms. Neuman,

Thank you for your continued review regarding the above referenced filing and for your November 2, 2005 correspondence sent via e-mail. The Chicago Insurance Company offers the attached response. Please let me know if you have any questions and/or have difficulty opening the attachment.

Thomas Yoo

State Filings Project Coordinator

Perr&Knight

phone: 888.201.5123 x151

fax: 310.230.1061

e-mail: tyoo@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Wednesday, November 02, 2005 8:03 AM

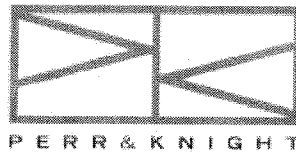
To: P&K State Filings

Subject: Rate/Rule Filing #CGILAHHCIL0501 - Professional Liability

Mr. Yoo,

In regard to the pending rate/rule filing referenced above for Chicago Insurance Company, please provide additional information about the filed scheduled rating plan, including the following information:

- a) Specific breakdowns of actual debits/credits and detailed descriptions of criteria for applying scheduled debits/credits. For example, if the manual indicates a credit/debit of 0-20% will be applied depending on the existence/quality of a loss control program, provide specific descriptions of criteria used to judge the existence and quality of such loss control program, as well as the specific amount of debit/credit that will be applied to such criteria.
- b) Whether the scheduled rating plan will be applied to all applicants/insureds. If not, provide a specific explanation of which applicants/insureds will be considered.



November 11, 2005

Ms. Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Allied Health Purchasing Group Association
Health Care Professionals Purchasing Group Association
Professional Liability Rate Change Filing
Proposed Effective Date: June 1, 2005
Company Filing Number: CGILAHHCIL0501

Ms. Neuman:

Thank you for your continued review regarding the above referenced filing and for your November 2, 2005 correspondence sent via e-mail. The Chicago Insurance Company offers the following response to your concerns:

The Modification Schedule filed for the Physical Therapists Program is based on a.) Loss Control/Risk Management Education and b.) Claims Experience.

The detailed description for application of the Loss Control/Risk Management credit is contained in the rating rule 10a.

The Claims Experience modification criteria is based on frequency & severity as described in rating rule 10b.

Attached is a documentation form which would be completed for any insureds that were to receive a claim experience credit and/or debit.

The plan is applicable to all applicants/insureds.

The scheduled debits/credits are reviewed on an annual basis at policy renewal.

There is no actuarial justification for scheduled rating. Its usage is considered an industry practice. Factors which influence schedule rating are industry, or state statutes and regulations.

We hope this response will allow you to complete your review of the above referenced filing and we look forward to receiving an approval at the Department's earliest convenience.

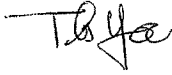
A copy of your November 2, 2005 e-mail is enclosed for your reference.

Please do not hesitate to contact us if you have any questions or concerns.

November 11, 2005
Ms. Gayle Neuman
Page 2 of 2

RE: *Chicago Insurance Company*
Company filing number: CGILAHHCIL0501

Sincerely,



Thomas Yoo
State Filings Project Coordinator
phone: 888.201.5123 x151
fax: 310.230.1061
e-mail: doi@perrknight.com

Enclosures

UNDERWRITER'S DOCUMENTATION FORM
Modification Schedule

Risk Characteristics Guide (may vary by state, refer to state exception pages)

		Credit	Debit
a.	Loss Control/Risk Management Education: Range of 0% - 25%		
	PTs & PTAs are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length.		
	For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.		

b.	Claims Experience: Range of +25% to -25%		
	Increased frequency 5-25% debit		
	Increased severity 10-25% debit		
	Fitness Club Nursing Home exposure 10-25% debit		
	Inadequate PT to PTA ratio/lack of proper supervision 15-25% debit		
	Non-renewal by prior carrier 15-25% debit		
	No claims or licensing board complaints in past 10 yrs. 15-25% credit		

Total Schedule Debit (25%) (Can vary by State)		
---	--	--

Documentation of Modification:

See Underwriting Guidelines for further guidelines, if applicable.

Underwriter's Signature _____ Date _____

Thomas Yoo

From: Gayle_Neuman@ins.state.il.us
Sent: Wednesday, November 02, 2005 8:03 AM
To: P&K State Filings
Subject: Rate/Rule Filing #CGILAHHCIL0501 - Professional Liability

Mr. Yoo,

In regard to the pending rate/rule filing referenced above for Chicago Insurance Company, please provide additional information about the filed scheduled rating plan, including the following information:

- a) Specific breakdowns of actual debits/credits and detailed descriptions of criteria for applying scheduled debits/credits. For example, if the manual indicates a credit/debit of 0-20% will be applied depending on the existence/quality of a loss control program, provide specific descriptions of criteria used to judge the existence and quality of such loss control program, as well as the specific amount of debit/credit that will be applied to such criteria.
- b) Whether the scheduled rating plan will be applied to all applicants/insureds. If not, provide a specific explanation of which applicants/insureds will be considered.
- c) Whether the schedule debits/credits are reviewed periodically to ensure that they are still justified and added/removed accordingly. If the scheduled debits/credits are reviewed periodically, provide the time intervals for such reviews. If not all insureds are reviewed, provide a specific explanation of which insureds will be reviewed and how often.
- d) All actuarial justification for determining the amount of any scheduled credit/debit.
- e) A blank sample of the scheduled rating form that is kept in each applicant/insured's file to track the justification for receiving any debits/credits.

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

11/2/2005

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Effective 6/01/2005

1. Application:

This manual contains the rating rules for all individual Physical Therapist (including Physical Therapy Assistants) members and to groups of Physical Therapists in this purchasing group.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The following Decreased or Increased Limit Factors (DLF's or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals. The sum of these products is the total professional liability premium.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Effective 6/01/2005

7. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

8. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

9. Independent Contractors Premium:

Premium is computed by multiplying the applicable rate by the number of independently contracted healthcare professionals providing services on behalf of the insured.

10. Modification Schedule:

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

10a. Loss Control/Risk Management Education: Range of 0% to 25%

Physical therapists and physical therapy assistants are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

10b. Claims Experience: Range of +25% to -25%

Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Effective 6/01/2005

11. Additional Limits:

Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

12. Converting from a Claims-Made Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts Period	Prepaid Factor
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

13. Converting to an Occurrence Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pay on an installment basis:

Prior Acts Period	Reporting Period Factors		
	Year 1	Year 2	Year 3
1 Year Prior	0.46	0.26	0.11
2 Years Prior	0.72	0.32	0.14
3 Years Prior	0.78	0.35	0.15
4+ Years Prior	0.81	0.35	0.15

14. Groups:

For purposes of rating, a Group is defined as more than one professional practicing together. An additional 1.15 multiplying factor will be applied to each group policy premium.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Effective 6/01/2005

1. Application:

This manual contains the rating rules for all individual Physical Therapist (including Physical Therapy Assistants) members and to groups of Physical Therapists in this purchasing group.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The following Decreased or Increased Limit Factors (DLF's or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals. The sum of these products is the total professional liability premium.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Effective 6/01/2005

7. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

8. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

9. Independent Contractors Premium:

Premium is computed by multiplying the applicable rate by the number of independently contracted healthcare professionals providing services on behalf of the insured.

10. Modification Schedule:

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

10a. Loss Control/Risk Management Education: Range of 0% to 25%

Physical therapists and physical therapy assistants are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

10b. Claims Experience: Range of +25% to -25%

Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Effective 6/01/2005**

11. Additional Limits:

Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

12. Converting from a Claims-Made Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts Period	Prepaid Factor
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

13. Converting to an Occurrence Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pay on an installment basis:

Prior Acts Period	Reporting Period Factors		
	Year 1	Year 2	Year 3
1 Year Prior	0.46	0.26	0.11
2 Years Prior	0.72	0.32	0.14
3 Years Prior	0.78	0.35	0.15
4+ Years Prior	0.81	0.35	0.15

14. Groups:

For purposes of rating, a Group is defined as more than one professional practicing together. An additional 1.15 multiplying factor will be applied to each group policy premium.



CHICAGO INSURANCE COMPANY
Statement of Actuarial Opinion on P&C Loss Reserves as of December 31, 2004

IDENTIFICATION

I, David R. Heyman, am an officer of Chicago Insurance Company (the "Company"). My title is Vice President and Actuary-Loss Reserve Officer. I am a Fellow of the Casualty Actuarial Society and the American Academy of Actuaries, and meet its qualification standards for Property & Casualty loss reserve certification. I was appointed by the Board of Directors of the Company on November 1, 2001 to render this opinion.

SCOPE

I have examined the actuarial assumptions and methods used to determine the reserves listed in Exhibit A, as shown in the Annual Statement of the Company as prepared for filing with state regulatory officials, as of December 31, 2004.

The items in the SCOPE, on which I am expressing an opinion, reflect the Loss Reserve Disclosure items (3 through 8) in Exhibit B.

In forming my opinion on the loss and loss adjustment reserves, I relied upon data prepared by Ms. Louise Jordan, Controller of the Company. I evaluated that data for reasonableness and consistency. I also reconciled that data to Schedule P – Part I of the Company's current Annual Statement. In other respects, my examination included the use of such actuarial assumptions and methods and such tests of the calculations as I considered necessary.

OPINION

In the development of the reserve estimates underlying my opinion, Loss and Defense and Cost Containment (DCC) loss adjustment expense were combined. Therefore, my opinion applies to the combination of Exhibit A items A and B and the combination of Exhibit A items C and D.

In my opinion, the amounts carried in Exhibit A as so aggregated

- A. meet the requirements of the insurance laws of the state of Illinois.
- B. are computed in accordance with accepted actuarial standards and principles.

- C. make a reasonable provision for all unpaid loss and loss expense obligations of the Company under the terms of its contracts and agreements.
- D. make a reasonable provision for the unearned premium reserves for long duration contracts of the Company under the terms of its contracts and agreements.

RELEVANT COMMENTS

(a) Risk of Material Adverse Deviation

I have selected an adverse reserve deviation materiality standard of 10% of Statutory Surplus (see Exhibit B for this amount in US dollars).

Note that the difference between the Company's Total Adjusted Capital and Company Action Level Capital (per NAIC Risk Based Capital regulations) is approximately 50% of Statutory Surplus, an amount much greater than the selected materiality standard. Nevertheless, an adverse reserve deviation equal to 10% of Statutory Surplus would likely be viewed as material in any ordinary sense of the word, hence my selection of this materiality standard.

My analysis of the Company's reserves generated a range of reasonable reserve estimates. In aggregate, the upper end of this reserve estimate range was approximately 10% greater than the carried reserves in Exhibit A. In my professional judgment, this level of reserve estimation uncertainty is inherent in the Company's underlying historical reserve development data and standard actuarial reserving methods. In other words, it would not be unreasonable to believe that an adverse deviation up to 10% of reserves could occur, albeit, this outcome is perhaps not as likely as other outcomes within the reasonable range.

Since 10% of reserves is an amount greater than 10% of Statutory Surplus, and since I believe a 10% adverse deviation in reserves is not an unreasonable possibility, I believe there is a reasonable possibility of a material adverse deviation.

My selection of this materiality standard was driven by the fact that this opinion is prepared for regulatory review. Other measures of materiality might be used for reserves that are evaluated in a different context.

(b) Other Disclosures in Exhibit B

2. Statutory Surplus

Statutory Surplus is used to determine the materiality standard as described in Relevant Comments, section (a), above.

3. Anticipated net salvage and subrogation included as a reduction to loss reserves in Schedule P.

With respect to anticipated salvage and subrogation I have prepared this statement of actuarial opinion on the same basis as the disclosed basis for the carried loss reserves. The effect of this item on the carried reserves is shown in Exhibit B.

4. Discount included as a reduction to loss reserves and loss expense reserves as reported in Schedule P

With respect to discounting, I have prepared this statement of actuarial opinion on the same basis as the disclosed basis for the carried loss reserves. The effect of this item on the carried reserves is shown in Exhibit B. The Company's reserve discount consists entirely of tabular discounts of certain case reserves for unpaid losses.

5. Net reserves for losses and expenses for the Company's share of voluntary and involuntary underwriting pools' and associations' unpaid losses and expenses that are included in reserves shown on the Liabilities, Surplus, and Other Funds Page, Losses and Loss Adjustment Expenses lines.

The Company participates in a number of voluntary and involuntary pooling arrangements. The booked reserves and earned premiums for some pools reflect losses incurred and premiums earned by the pools through various dates prior to year-end. Company practice is to record the loss and loss adjustment expense reserves reported to it by the pools including appropriate accrual for any reporting lag. Note that I have not evaluated these reserves separately, but instead analyze them in combination with all other reserves within the lines of business as reported in Schedule P of the Annual Statement.

6. The net reserves for losses and loss adjustment expenses that the company carries for the following liabilities included on the Liabilities, Surplus, and Other Funds Page, Losses and Loss Adjustment Expenses lines:

- a. Asbestos and b. Environmental liabilities, as disclosed in the Notes to Financial Statements

In 2002 the Company completed an update to prior analyses of asbestos and environmental liabilities, as referenced in the Company's Prescribed Statement of Actuarial Opinion for 2001. The 2002 update used ground-up exposure-based modeling where appropriate. The results of this update indicated a very wide range of reasonable potential asbestos and environmental outcomes. In response to the results of this study, the Company increased gross and net asbestos reserves by \$750 million in 3Q02, which was within the reasonable range of reserve estimates that resulted from the study.

Coincident with this increase to reserves, the Company also entered into a reinsurance contract that ceded all net asbestos and environmental Loss and DCC liabilities, with the exception of uncollectible reinsurance, to its parent, Allianz. The ceded premium was equal to the ceded reserves, in exchange for which Allianz provides an adverse A&E reserve development reinsurance protection of \$882 million. This A&E reinsurance coverage amount increases the funds available to pay A&E claims to a level significantly greater (+\$320 million) than the midpoint of the prior A&E study's reasonable range of reserve estimates.

A&E uncollectible reinsurance reserves decreased by \$61 million in 2004, primarily driven by large decreases in A&E ceded reinsurance recoverables. A&E Adjusting and Other Expense (AOE) reserves were increased by \$21 million in 2004, primarily to better match A&E and AOE future payment average durations.

The Company plans to update the prior gross and net A&E reserve analysis during 2005. There have been recent developments in the status of asbestos litigation, particularly regarding bankruptcies, that may affect the prior A&E reserve analyses conclusions and reserve estimate range.

7. The total claims made extended loss and expense reserve (Schedule P interrogatories):

a. Amount reported as loss reserves

In my opinion, the amount shown in Exhibit B, item 7a, is immaterial in relation to the associated line of business loss and DCC reserves.

b. Amount reported as unearned premium reserves

None.

8. Other items on which the Appointed Actuary is providing Relevant Comment

None.

(c) Reinsurance

I am not aware of any reinsurance (having a material effect on the loss and loss adjustment expense reserves) that either has been or should have been accounted for as retroactive reinsurance or as financial reinsurance (defined as contractual arrangements that do not include transfer of both timing and underwriting risk).

With respect to gross reserves, the materiality of adverse deviation as it relates to the Company's surplus will depend on the Company's reinsurance protection. If the Company's reinsurance protection does not respond to adverse reserve deviation, such deviation could materially affect the Company's surplus.

With respect to ceded loss reserves, the Company has recorded a Schedule F penalty as a direct reduction to statutory surplus. The Company also carries distinct and significant net loss and DCC reserves for uncollectible reinsurance on asbestos and environmental claims. Review of past uncollectibility levels and current amounts in dispute lead me to conclude that these items constitute an adequate provision for uncollectible reinsurance, based on current facts and available information. It is possible that the future financial condition of the Company's reinsurers could change, so the actual provision could vary from current expectations.

(d) IRIS ratios

The Company's booked reserves did not generate any exceptional values for the NAIC IRIS Tests regarding One Year Reserve Development to Surplus or Two Year Reserve Development to Surplus. An unusual value was generated for NAIC IRIS Test 12, Estimated Current Year Reserve Deficiency to Surplus.

IRIS Test 12 essentially multiplies the latest two-year average (developed) reserve-to-premium ratio times current year premium to estimate current required reserves. This is compared to actual carried reserves to estimate any current reserve deficiency/redundancy, which is then divided by Policyholders Surplus. Deficiency values in excess of 25% are considered unusual.

IRIS Test 12 is a valid reserve adequacy measure in "steady-state" conditions; i.e., consistent premium volume, price levels, reinsurance coverage, mix of business, and loss cost trends over time. These necessary conditions do not apply to the Company. In particular, the significant asbestos and environmental reinsurance arrangement entered into as of September 30, 2002 (as described in Relevant Comments, Section (b), items 6a. and 6b., above) and the 2002 commutation of a large aggregate excess of loss ("XOL") reinsurance treaty have significantly distorted IRIS Test 12 values for the Company. In particular, these transactions artificially increased the 2002 reserve-to-premium ratio, which in turn artificially increased the IRIS Test 12 deficiency estimate.

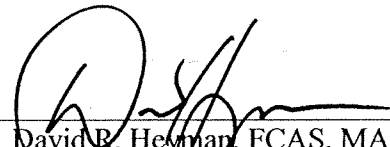
To validate the impact of the 2002 asbestos and environmental cession and the 2002 XOL commutation on the IRIS Test 12 values, the Company's net premiums and net reserves for 2002 were adjusted to exclude these reinsurance transactions. The resulting adjusted IRIS Test 12 value was acceptable, i.e., far less than the 25% "unusual value" criterion. In other words, the unusual value for IRIS Test 12 was driven by the large and unprecedented reinsurance transactions in 2002 that invalidated the Test's applicability, as opposed to any

real changes in reserve adequacy. I also would note that the 2003 reserve-to-premium ratio is very similar to the 2004 reserves-to-premium ratio.

In addition, the Company's "real" exposure has decreased in recent calendar years, but premium volume has remained relatively stable due to large price increases. This violates the IRIS Test 12 "steady-state" condition requirement. When prices rise, the IRIS Test 12 approach will overestimate required reserves, and hence reserve deficiencies.

ACTUARIAL REPORT

An Actuarial report and underlying workpapers supporting the findings expressed in this Statement of Actuarial Opinion are available at the administrative offices of the Company and will be retained for a period of seven years for regulatory examination.



David R. Heyman, FCAS, MAAA
777 San Marin Drive
Novato, CA 94998-1000
Phone: (415) 899-4066

Date Opinion rendered: February 15, 2005

Chicago Insurance Company
Statement of Actuarial Opinion
as of December 31, 2004

Exhibit A: Scope

<u>Loss Reserves:</u>	<u>Amount</u>
A. Reserve for Unpaid Losses (Page 3, Line 1)	66,775,905
B. Reserve for Unpaid Loss Adjustment Expenses (Page 3, Line 3)	11,760,631
C. Reserve for Unpaid Losses - Direct and Assumed (Schedule P, Part 1 totals from Columns 13 and 15)	106,094,000
D. Reserve for Unpaid Loss Adjustment Expenses - Direct and Assumed (Schedule P, Part 1, totals from columns 17, 19, and 21)	16,696,000
E. The Page 3 write-in item reserve, "Retroactive Reinsurance Reserve Assumed"	
F. Other Loss Reserve items on which the Appointed Actuary is expressing an Opinion (list separately)	
<u>Premium Reserves</u>	
G. Reserve for Direct and Assumed Unearned Premiums for Long Duration Contracts	799,921
H. Reserve for Net Unearned Premiums for Long Duration Contracts	799,921
I. Other Premium Reserve items on which the Appointed Actuary is expressing an Opinion (list separately)	N/A

Chicago Insurance Company
Statement of Actuarial Opinion
as of December 31, 2004

Exhibit B: Disclosures

	<u>Amount</u>
1. Materiality expressed in \$US	10,874,920
2. Statutory Surplus	108,749,203
3. Anticipated net salvage and subrogation included as a reduction to loss reserves as reported in Schedule P	2,276,000
4. Discount included as a reduction to loss reserves and loss expense reserves as reported in Schedule P	
4 (a) Nontabular Discount	0
4 (b) Tabular Discount	4,350,897
5. The net reserves for losses and expenses for the company's share of voluntary and involuntary underwriting pools' and associations' unpaid losses and expenses that are included in reserves shown on the Liabilities, Surplus, and Other Funds Page, Losses and Loss Adjustment Expenses lines.	2,787,610
6. The net reserves for losses and loss adjustment expenses that the company carries for the following liabilities included on the Liabilities, Surplus and Other Funds Page, Losses and Loss Adjustment Expenses lines.	
6. (a) Asbestos, as disclosed in the Notes to Financial Statements	1,484,573
6. (b) Environmental, as disclosed in the Notes to Financial Statements	938,579
7. The total claims made extended loss and expense reserve (Schedule P Interrogatories)	
7 (a) amount reported as loss reserves	20,558
7 (b) amount reported as unearned premium reserves	
8. Other items on which the Appointed Actuary is providing Relevant Comment (list separately)	N/A

Physician Assistants

- **Allied Health Purchasing Group**

Chicago Insurance Company
Rate Filing
Effective June 1, 2005
Actuarial Memorandum
Physician Assistants Professional Liability

Please find attached actuarial support for the rate changes outlined in the accompanying filing memorandum. We have attached a set of supporting actuarial exhibits.

We are increasing base rates by 10%. The overall rate effect of this change is an increase of 10.0% versus our overall indicated rate increase of 91.9%. Our rate indications are developed on the attached exhibits. This filing pertains to the following Risk Purchasing Groups.

- **Allied Health Purchasing Group Association**

Our overall indication and indications by class (where applicable) are developed on the attached exhibits. The exhibits provide the detailed backup for the various factors used to develop the overall and class indications. In general, our individual state experience lacks sufficient credibility to develop indications at the state level so our analysis is predicated on countrywide data.

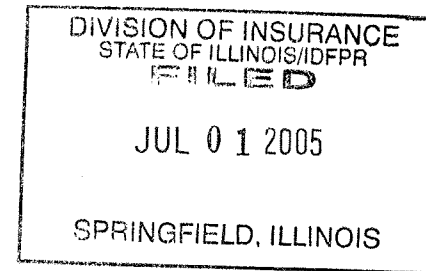


April 29, 2005

Honorable Deirdre K. Manna
Acting Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767



Attention: Mr. John Gatlin
Supervisor, Property and Casualty Compliance Unit



Re: **Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810**
Medical Malpractice Rate, Rule and Form Filing
American Dietetic Association
Proposed Effective Date: July 1, 2005 for new and renewal business
Company Filing Number CGILMMADAIL0501 - R

Mr. John Gatlin:

Chicago Insurance Company ("the Company") is submitting for your review revisions to the Medical Malpractice Program they underwrite on behalf of the American Dietetic Association. With this filing, the Company is adding forms to the American Dietetic Association for their Students Program, as well as revising rates and rating rules. Please see the enclosed Explanatory Memorandum (FLGM01-ADA) for further details.

The company respectfully requests that the proposed changes be implemented for all policies effective on and after July 1, 2005.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondences related to this filing should be directed to Perr&Knight. The Company has prepared the forms, rates and rules contained in this filing along with the explanatory memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

Also enclosed is an additional copy of the cover letter and a self addressed postage paid envelope for the Department's acknowledgment.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Thomas Yoo
Regulatory Compliance Coordinator
Perr&Knight
phone: 888.201.5123 x151
fax: 310.230.1061
e-mail: doi@perrknight.com

Enclosures

-11.89%


Property & Casualty Transmittal Document (Revised 1/1/05)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only			
	a. Date the filing is received:			
	b. Analyst:			
	c. Disposition:			
	d. Date of disposition of the filing:			
	e. Effective date of filing:			
	f. State Filing #:			
	g. SERFF Filing #:			

3.	Group Name	Group NAIC #		
	Interstate Insurance Group	761		
4.	Company Name(s)	Domicile	NAIC #	FEIN #
	Chicago Insurance Company	IL	22810	36-6042949

5.	Company Tracking Number	CGILMMADAIL0501
----	-------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Thomas Yoo 881 Alma Real Drive, Suite 205 Pacific Palisades, CA 90272	Regulatory Compliance Coordinator	888.201.5123 x 151	310.230.8529	doi@perrknight.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Thomas Yoo		

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	11.2 Med Mal-Occurrence	
10.	Sub-Type of Insurance (Sub-TOI)	11.2029 Other	
11.	State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A	
12.	Company Program Title (Marketing title)	American Dietetic Association Medical Malpractice Rate, Rule, and Form Filing	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input checked="" type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
14.	Effective Date(s) Requested	New: July 1, 2005	Renewal: July 1, 2005
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)	N/A	
17.	Reference Organization # & Title	N/A	
18.	Company's Date of Filing	April 29, 2005	
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CGILMMADAIL0501
-----	---	-----------------

21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
-----	--

Chicago Insurance Company ("the Company") is submitting for your review revisions to the Medical Malpractice Program they underwrite on behalf of the American Dietetic Association. With this filing, the Company is adding forms to the American Dietetic Association for their Students Program, as well revising rates and rating rules. Please see the enclosed Explanatory Memorandum (FLGM01-ADA) for further details.

The company respectfully requests that the proposed changes be implemented for all policies effective on and after July 1, 2005.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
-----	--

Check #: **FILING FEE NOT REQUIRED**
Amount:

Calculation:

Refer to each state’s checklist for additional state specific requirements or instructions on calculating fees.

***Refer to each state’s checklist for additional state specific requirements (i.e. # of additional copies required other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #	CGILMMADAIL0501
----	---	-----------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
----	--	-----

☐ Rate Increase ☒ Rate Decrease ☐ Rate Neutral (0%)

3.	Overall percentage rate impact for this filing	-11.8%
4.	Effect of Rate Filing – Written premium change for this program	-5,637
5.	Effect of Rate Filing – Number of policyholders	335
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Use & File

7.	Rate Change by Company		
	Company Name	Percentage Change	Effect of Rate Filing # of policyholders for this program Written premium change for this program
	Chicago Insurance Company	-11.8%	335 -5,637

8.	Overall percentage of last rate revision	-11.8%
9.	Effective Date of last rate revision	4/1/2000
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Use & File

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	The American Dietetic Association Risk Purchasing Group Rates Effective 7-1-2005	ADARPG pages 1 to 2 2/05	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	N/A
02	The American Dietetic Association Risk Purchasing Group Rating Rule Manual Effective 7-1-2005	ADARPG pages 1 to 4 2/05	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	N/A
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the returnYou should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Mark J. Kaufman, a duly authorized officer of Fireman's Fund Insurance Companies, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Mark J. Kaufman, a duly authorized actuary of Fireman's Fund Insurance Companies, am authorized to certify on behalf of Fireman's Fund Insurance Companies making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Mark J. Kaufman VP + Chief Actuary - Specialty
Signature and Title of Authorized Insurance Company Officer
May 5, 2005
Date

Mark J. Kaufman VP + Chief Actuary - Specialty
Signature, Title and Designation of Authorized Actuary
May 5, 2005
Date

Insurance Company FEIN 36-6042949 Filing Number CGILMMADAIL0501-R

Insurer's Address 33 West Monroe Street, Suite 1200, Chicago IL 60603

City Chicago State Illinois Zip Code 60603

Contact Person's:
-Name and E-mail Kelly Cole, kcole@ffic.com

-Direct Telephone and Fax Number 312.456.7981

American Dietetic Association Purchasing Group
Rate and Rule Filing

The Chicago Insurance Company (CIC) underwrites the Professional Liability Program on behalf of the American Dietetic Association Risk Purchasing Group on an Occurrence basis:

FORMS

We are adding forms to the American Dietetic Association Purchasing Group for our Students Program. The forms listed below have been previously approved as a part of our Allied Health Purchasing Group Association Students Program.

Form Number	Form Name
POP-2028 (01/95)	Professional Liability Insurance Policy – Automated Producers (for Students Only)
PLP-2204 (01/95)	Professional Liability Insurance Policy – Non-Automated Producers (for Students Only)
PLE-2081 (most current)	Federal Risk Retention Act Nationwide Amendatory Endorsement – Short Form (for Students only)
PLE-2149 (06/96)	Single Year Individual Student Amendatory Endorsement
PLE-2187 (06/96)	Multi-year Individual Student Amendatory Endorsement
PON-2003 (most current)	Consumer Information Notification (for Students only)

RULES

Rating Rule Manuals for all the above purchasing groups are contained in this filing for ease of replacement.

The following changes have been made to the rating rules:

- References to Non-Owned Auto have been removed from the manual pages, as this coverage is no longer available.

RATES

The attached rate pages reflect an overall rate decrease of 11.8%.

Student Rates are being introduced to this Purchasing Group.

Please refer to the actuarial memorandum and rate pages for additional information.

These changes are effective July 1, 2005.



"Thomas Yoo"
<tyoo@perrknight.com>
05/10/2005 01:18 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Rate/Rule Filing CGILMMADAIL0501-R American
Dietetic Association

Ms. Neuman,

Thank you for your review of the above referenced filing and for your May 2, 2005 e-mail. The Chicago Insurance Company offers the following response to your concerns:

1. *The required certification form is included in this response.*
2. *We report our statistics to the National Independent Statistical Service (NISS).*
3. *Coverage is on an occurrence basis. The scheduled rating is on page 4 of 4 of the rating rule manual.*

We trust that this information will enable you to resume consideration of this filing and we look forward to receiving an approval at the Department's earliest convenience.

If a hard copy of this response is preferred, please advise and we will be glad to send it. If you require more than one hard copy of the response or a self-addressed postage-paid envelope, kindly indicate so we can provide the appropriate number of copies and/or envelopes.

Please let me know if you have any questions.

Sincerely,

Thomas Yoo

Regulatory Compliance Coordinator

Perr&Knight

phone: 888.201.5123 x151

fax: 310.230.1061

e-mail: tyoo@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Monday, May 02, 2005 12:48 PM

To: State Filings

Subject: Rate/Rule Filing CGILMMADAIL0501-R American Dietetic Association

Mr. Yoo,

We are in receipt of the above referenced filing submitted with a cover letter dated April 29, 2005. We added "-R" to the filing title because you also submitted forms which had to be separated from this filing.

The following additional information/documentation is required for processing:

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. Please complete the attached certification form.
2. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
3. Is this coverage written on an occurrence or claims-made basis, or both? Indicate if your company has a scheduled rating for this program, and if so, indicate the page in your rate/rule manual where this information can be found.

Your prompt attention is appreciated.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, _____, a duly authorized officer of _____, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, _____ (Name of actuary typed or printed) _____, a duly authorized actuary of _____ (Name of actuary firm typed or printed) _____ am authorized to certify on behalf of (Name of Insurance Company) making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer _____ Date _____

Signature, Title and Designation of Authorized Actuary	Date
--	------

Insurance Company FEIN ____ - _____ Filing Number _____

Insurer's Address _____

City _____ State _____ Zip Code _____

Contact Person's:
-Name and E-mail _____

-Direct Telephone and Fax Number_____



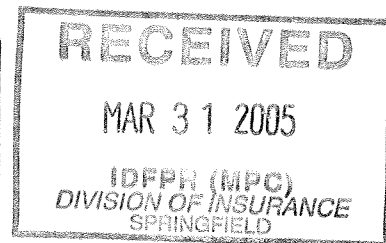
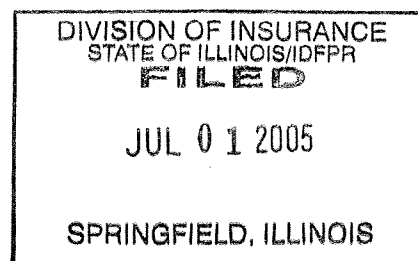
ADA IL Cert.pdf



P E R R & K N I G H T

March 30, 2005

Honorable Deirdre K. Manna
Acting Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767



Attention: Mr. John Gatlin
Supervisor, Property and Casualty Compliance Unit

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Professional Liability Rate Change Filing
Nurses Professional Liability Insurance Program
Proposed Effective Date: July 1, 2005 for all policies
Company Filing Number: CGILPLNRSIL0501

Honorable Deirdre K. Manna:

On behalf of Chicago Insurance Company ("the Company"), we are submitting this filing to implement an overall rate increase of 8.0% for the Company's Nurses Professional Liability Insurance Program. This filing pertains to the following Risk Purchasing Group(s):

- American Nurses Association / State Nurses Association Purchasing Group
- Professional Nurses Organization Purchasing Group
- National Nurses Purchasing Group
- American Health Care Purchasing Group

Please see the enclosed filing memorandum, actuarial memorandum, actuarial exhibits and revised rate pages for additional details regarding the proposed changes.

We respectfully request that the proposed rates be implemented for all policies effective July 1, 2005.

A copy of the cover letter and a self-addressed postage paid envelope are provided for the Department's acknowledgment.

Please do not hesitate to contact us with any questions or concerns.

Sincerely,

Thomas Yoo
Regulatory Compliance Coordinator
Perr&Knight
phone: 888.201.5123 x151
fax: 310.230.1061
e-mail: tyoo@perrknight.com

+8.0%

Enclosures

SUMMARY SHEET

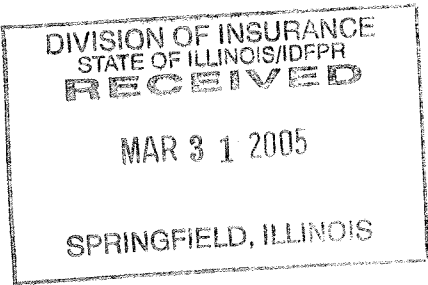
Change in Company's premium or rate level produced by rate revision effective July 1, 2005

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Medical Malpractice</u>		
Nurses Program	438,098	+8.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
This filing represents a base rate change of +8.0% for the Nurses Program.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.



Chicago Insurance Company
Name of Company

Joseph Shura
Product Executive
Official - Title

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Mark J Kaufman , a duly authorized officer of Fireman's Fund Insurance Companies , am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Mark J Kaufman , a duly authorized actuary of Fireman's Fund Insurance Companies am authorized to certify on behalf of Fireman's Fund Insurance Companies making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Mark J Kaufman VP + Chief Actuary - Specialty April 8, 2005
Signature and Title of Authorized Insurance Company Officer Date

Mark J Kaufman VP + Chief Actuary - Specialty April 8, 2005
Signature, Title and Designation of Authorized Actuary Date

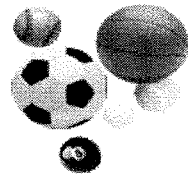
Insurance Company FEIN 36 - 6042949 Filing Number CGIL-PL.-NRS-IL-05-01-R

Insurer's Address 33 West Monroe Street, Suite 1200, Chicago, IL 60603

City Chicago State IL Zip Code 60603

Contact Person's:
-Name and E-mail Kelly Cole; kcole@ffic.com

-Direct Telephone and Fax Number 312.456.7981



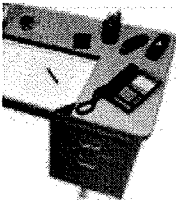
Marcy Savage/INS
04/01/2005 11:53 AM

To Gayle Neuman/INS@INS
cc
bcc
Subject Re: Chicago Insurance Company

The names you have indicated are slightly different than what I have so here the names I have:

- Medical Related Professional Services Purchasing group Association
- ANA/SNA Purchasing Group Association
- Professional Nursing Organization Purchasing Group
- National Nurses Purchasing Group Association
- American Health Care Professions Purchasing Group Association
- Allied Health Purchasing Group Association
- Health Care Professions Purchasing Group Association

They are all insured by Chicago Insurance Company.
Gayle Neuman/INS



Gayle Neuman/INS
04/01/2005 09:16 AM

To Marcy Savage/INS@INS
cc
Subject Chicago Insurance Company

Please verify if these RPGs are properly registered - Chicago Insurance Company has submitted rate filings for such RPGs for each line of coverage:

Medical Related Professional Services Purchasing Group Association - for home health care

- American Nurses Association / State Nurses Association Purchasing Group
- Professional Nurses Organization Purchasing Group
- National Nurses Purchasing Group
- American Health Care Purchasing Group - for nurses

- Allied Health Purchasing Group Association
- Health Care Professionals Purchasing Group Association - for physician assistants and physical therapists

Thank you for your assistance.

Property & Casualty Transmittal Document (Revised 1/1/05)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only			
	a. Date the filing is received:			
	b. Analyst:			
	c. Disposition:			
	d. Date of disposition of the filing:			
	e. Effective date of filing:			
	f. State Filing #:			
	g. SERFF Filing #:			


3. Group Name	Group NAIC #
Interstate Insurance Group	761

4. Company Name(s)	Domicile	NAIC #	FEIN #
Chicago Insurance Company	IL	22810	36-6042949

5. Company Tracking Number	CGILPLNRSIL0501
----------------------------	-----------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Thomas Yoo 881 Alma Real Drive, Suite 205 Pacific Palisades, CA 90272	Regulatory Compliance Coordinator	888.201.5123 x 151	310.230.8529	doi@perrknight.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Thomas Yoo

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability-Occurrence
10. Sub-Type of Insurance (Sub-TOI)	17.0019 Professional Errors and Omissions Liability
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Nurses Professional Liability Rate Increase 2005
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: July 1, 2005 Renewal: July 1, 2005
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	March 30, 2005
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CGILPLNRSIL0501
-----	---	-----------------

21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
-----	--

On behalf of Chicago Insurance Company ("the Company"), we are submitting this filing to implement an overall rate increase of 8% for the Company's Nurses Professional Liability Insurance Program. This filing pertains to the following Risk Purchasing Group(s):

- American Nurses Association / State Nurses Association Purchasing Group
- Professional Nurses Organization Purchasing Group
- National Nurses Purchasing Group
- American Health Care Purchasing Group

Please see the enclosed filing memorandum, actuarial memorandum, actuarial exhibits and revised rate pages for additional details regarding the proposed changes.

We respectfully request that the proposed rates be implemented for all policies effective July 1, 2005.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
-----	--

Check #: ***NO FILING FEE REQUIRED***

Amount:

Calculation:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)
(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #		CGILPLNRSIL0501R
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)		N/A
<input checked="" type="checkbox"/> Rate Increase <input type="checkbox"/> Rate Decrease <input type="checkbox"/> Rate Neutral (0%)			
3.	Overall percentage rate impact for this filing		+8%
4.	Effect of Rate Filing – Written premium change for this program		\$36,337
5.	Effect of Rate Filing – Number of policyholders		Data Not Available
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)		Use & File
7.	Rate Change by Company		
Company Name		Percentage Change	Effect of Rate Filing # of policyholders for this program Written premium change for this program
Chicago Insurance Company		+8%	Data Not Available \$36,337

8.	Overall percentage of last rate revision	+8%
9.	Effective Date of last rate revision	N/A
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Use & File

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Rating Exhibits-Nurses Professional Liability	Exhibits 1, 1A, 2 to 12	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither	
02	ANA/SNA Purchasing Group Association Annual Rates-Nurses Program	ANA/SNA Nurses 3/2005	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03	American Health Care Professionals Purchasing Group Annual Rates-Nurses Program	AmHCP Nurses 3/2005	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04	National Nurses Purchasing Group Association Annual Rates-Nurses Program	National Nurses 3/2005	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05	Professional Nurses Organization Purchasing Group Association Annual Rates-Nurses Program	Professional Nurses Org. 3/2005	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

- To be complete, a rate/rule filing must include the following:
1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
 2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
 3. One copy of all rate/rule components/exhibits submitted with the filing, and
 4. The appropriate state review requirements, if required, and
 5. The appropriate filing fees, if required, and
 6. A postage-paid, self-addressed envelope large enough to accommodate the return.
 7. You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



"Thomas Yoo"
<tyoo@perrknight.com>
04/18/2005 04:52 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Rate Filing #CGILPLNRSIL0501 Chicago Ins. Co. -
Nurses

Ms. Neuman:

Thank you for your review of the above referenced filing and for your April 6, 2005 e-mail. The Chicago Insurance Company would like to offer the following response to your concerns in the same order as they were presented:

1. *The required certification form is enclosed.*
2. *The rating rules for the Nurses Program have not changed. The rating rules approved in the Nurses Program filing effective February 15, 2004 are still in use by the Chicago Insurance Company.*
3. *We report our statistics to the National Independent Statistical Service (NISS).*
4. *The Chicago Insurance Company does not unfairly discriminate in offering or administering the Nurses Program.*
5. *The 8% increase is an average. It consists of a 20% increase on the Nurse Practitioner classes and 0% on the remaining classes. Please refer to Exhibit 1A of the filing. The 218.9% figure shown on Exhibit is the indicated rate need. Our proposed rate change is +8%.*
6. *We have enclosed a revised RF-3 form in this response.*
7. *The Chicago Insurance Company does not have a scheduled rating plan.*

We trust that this information will enable you to resume consideration of this filing and we look forward to receiving an approval at the Department's earliest convenience.

If a hard copy of this response is preferred, please advise and we will be glad to send it. If you require more than one hard copy of the response or a self-addressed postage-paid envelope, kindly indicate so we can provide the appropriate number of copies and/or envelopes.

Please let me know if you have any questions or require additional information.

Sincerely,

Thomas Yoo

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Wednesday, April 06, 2005 12:27 PM

To: Thomas Yoo

Subject: Rate Filing #CGILPLNRSIL0501 Chicago Ins. Co. - Nurses

Mr. Yoo,

We are in receipt of the above referenced filing submitted by letter dated March 30, 2005. The following additional information is required to process this filing:

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. Please complete the attached certification form.
2. Provide a copy of the complete rate/rule manual, including any changes made with this filing. 50 Ill. Adm. Code 929.30 requires identification of all changes from superseding filings. Please also provide us with a memorandum indicating (1) the superseded pages which is a revised page that is being replaced with an updated version, (2) pages that are withdrawn (and not replaced), and (3) new pages to be added that do not replace any previously filed page. We require a written statement certifying that nothing else has changed from what was previously filed except for the changes brought to our attention is this filing.
3. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
4. We require a written statement certifying that the insurance company does not unfairly discriminate in offering or administering this program.
5. In regard to the rate change increase, is the 8% increase an average increase? It says there is an overall rate increase of 218.9%, a 20% increase for nurse practitioners, and a 0% change for all other nurse programs. Please explain.
6. For general liability, the rate/rule manual is not filed but a rate change (increase/decrease) must be reported on a RF-3 Summary Sheet. Is the increase on the RF-3 provided based purely on medical malpractice rates? If not, they should be separated by line and would require that you

file a new RF-3 form. Medical malpractice premium should be filed on line 15 under "other" and general liability would be filed on line 3 under "liability other than auto".

7. Indicate if your company has a scheduled rating plan and if so, indicate the page in your rate/rule manual where this information can be found.

Your response is requested by April 20, 2005.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

**ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES**

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, _____ (Name of officer typed or printed) _____, a duly authorized officer of _____ (Name of Insurer typed or printed) _____, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, _____ (Name of actuary typed or printed) _____, a duly authorized actuary of _____ (Name of actuary firm typed or printed) _____ am authorized to certify on behalf of (Name of Insurance Company) making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer Date

Signature, Title and Designation of Authorized Actuary Date

Insurance Company FEIN ____ - _____ Filing Number _____

Insurer's Address _____

City _____ State _____ Zip Code _____

Contact Person's:
-Name and E-mail _____

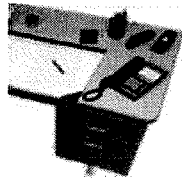
-Direct Telephone and Fax Number _____



ILRF3(revised).doc



NPG IL Certificate.pdf



Gayle Neuman/INS
04/06/2005 02:27 PM

To tyoo@perrknight.com
cc
bcc
Subject Rate Filing #CGILPLNRSIL0501 Chicago Ins. Co. - Nurses

Mr. Yoo,

We are in receipt of the above referenced filing submitted by letter dated March 30, 2005. The following additional information is required to process this filing:

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. Please complete the attached certification form.
2. Provide a copy of the complete rate/rule manual, including any changes made with this filing. 50 Ill. Adm. Code 929.30 requires identification of all changes from superseding filings. Please also provide us with a memorandum indicating (1) the superseded pages which is a revised page that is being replaced with an updated version, (2) pages that are withdrawn (and not replaced), and (3) new pages to be added that do not replace any previously filed page. We require a written statement certifying that nothing else has changed from what was previously filed except for the changes brought to our attention in this filing.
3. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
4. We require a written statement certifying that the insurance company does not unfairly discriminate in offering or administering this program.
5. In regard to the rate change increase, is the 8% increase an average increase? It says there is an overall rate increase of 218.9%, a 20% increase for nurse practitioners, and a 0% change for all other nurse programs. Please explain.
6. For general liability, the rate/rule manual is not filed but a rate change (increase/decrease) must be reported on a RF-3 Summary Sheet. Is the increase on the RF-3 provided based purely on medical malpractice rates? If not, they should be separated by line and would require that you file a new RF-3 form. Medical malpractice premium should be filed on line 15 under "other" and general liability would be filed on line 3 under "liability other than auto".
7. Indicate if your company has a scheduled rating plan and if so, indicate the page in your rate/rule manual where this information can be found.

Your response is requested by April 20, 2005.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE
CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF

YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, _____, a duly authorized officer of _____, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, _____, a duly authorized actuary of _____, am authorized to certify on behalf of _____ making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer	Date
---	------

Signature, Title and Designation of Authorized Actuary	Date
--	------

Insurance Company FEIN _____ - _____ Filing Number _____

Insurer's Address _____

City _____ State _____ Zip Code _____

Contact Person's:
-Name and E-mail

-Direct Telephone and Fax Number_____

Nurses Program Rate Filing Memorandum

The Chicago Insurance Company (CIC) underwrites the Professional Liability Program on behalf of the following Risk Purchasing Groups on an Occurrence basis:

**ANA/SNA PURCHASING GROUP ASSOCIATION
AMERICAN HEALTH CARE PROFESSIONAL PURCHASING GROUP
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION**

RATES

The attached rate pages reflect an overall rate increase of 8%.

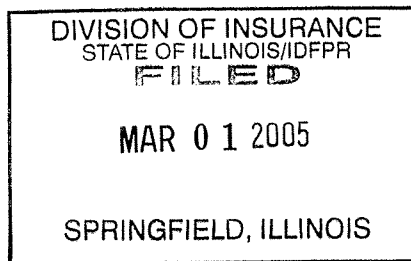
Please refer to the actuarial memorandum and rate pages for additional information.

These changes are effective July 1, 2005.

The Chicago Insurance Company submitted a rate filing effective February 15, 2004. The rate pages include an error for First Year Graduates. While the rate pages imply the First Year Graduate rate is \$45, the actual rate is \$68. The Chicago Insurance Company did not change this rate in 2004, and is not changing this rate at this time. We are correcting a clerical error.

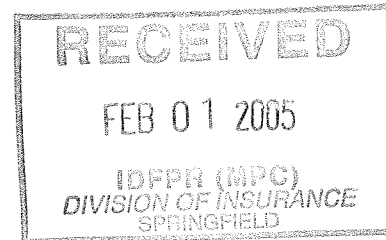
In this filing, we are including rate pages with the correct rate of \$68 for First Year Graduates. This rate correction affects the following purchasing group:

- American Health Care Professional Purchasing Group
- National Nurses Purchasing Group
- Professional Nurses Organization Purchasing Group



January 31, 2005

Honorable Deirdre K. Manna
Acting Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767



Attention: Mr. John Gatlin
Supervisor, Property and Casualty Compliance Unit

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Professional Liability Rate Change Filing
Medical Related Professional Services Purchasing Group Association
Home Health Care Professional Liability Program
Proposed Effective Date: March 1, 2005 for new and renewal business
Company Filing Number: CGIL-PL.MRPS-IL-05-01-R

Mr. John Gatlin:

On behalf of Chicago Insurance Company ("the Company"), we are submitting this filing to revise claims-made and occurrence rates previously approved for the Home Health Care Professional Liability Program, under the Medical Related Professional Services Purchasing Group Association. This revision results in an overall rate decrease of 10.1%. Please see the enclosed actuarial memorandum and revised rate page.

We respectfully request that the revised rates be implemented for all policies effective on and after March 1, 2005.

A second copy of the cover letter and a self-addressed postage paid envelope are provided for the Department's acknowledgment.

Please do not hesitate to contact us with any questions or concerns.

Sincerely,

Josh Struve
Data Services Manager
Phone: 888.201.5123 x121
Fax: 310.230.8529
E-mail: doi@perrknight.com

Enclosures

-10.1%


Property & Casualty Transmittal Document (Revised 01/01/04)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only			
	a. Date the filing is received:			
	b. Analyst:			
	c. Disposition:			
	d. Date of disposition of the filing:			
	e. Effective date of filing:			
	f. State Filing #:			
	g. SERFF Filing #:			

3. Group Name	Interstate Insurance Group			Group NAIC #	0761
4. Company Name(s)	Domicile	NAIC #	FEIN #		
Chicago Insurance Company	IL	22810	36-6042949		

5. Company Tracking Number	CGIL-PL.MRPS-IL-05-01-R
----------------------------	-------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Josh Struve 881 Alma Real Drive, Suite 205 Pacific Palisades, CA 90272	Data Services Manager	1.888.201.5123, x121	310.230.8529	doi@perrknight.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Josh Struve			

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0000 Other Liability-Occ/Claims Made			11.
10. Sub-Type of Insurance (Sub-TOI)	17.0022 Other			
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	n/a			
12. Company Program Title (Marketing title)	Medical Related Professional Services PGA (Home Health Care)			
13. Filing Type	<input checked="" type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New: March 1, 2005		Renewal: March 1, 2005	
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	n/a			
17. Reference Organization # & Title	n/a			
18. Company's Date of Filing	January 31, 2005			
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #	CGIL-PL.MRPS-IL-05-01-R
----	---	-------------------------

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	n/a
----	--	-----

☐ Rate Increase ☒ Rate Decrease ☐ Rate Neutral (0%)

3.	Overall percentage rate impact for this filing	-10.1%
4.	Effect of Rate Filing – Written premium change for this program	(160,493)
5.	Effect of Rate Filing – Number of policyholders	41
6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Use and File

7.	Rate Change by Company		
Company Name	Percentage Change	Effect of Rate Filing	
		# of policyholders for this program	Written premium change for this program
Chicago Insurance Company	-10.1%	41	(160,493)

8.	Overall percentage of last rate revision	-10.1%
9.	Effective Date of last rate revision	n/a
10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	Use and File

11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01	Home Healthcare Program Rates for Employees, Independent Contractors and the Agency	Page 5-5 (Rev 12/04)	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	n/a
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

- 1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
- 2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
- 3. One copy of all rate/rule components/exhibits submitted with the filing, and
- 4. The appropriate state review requirements, if required, and
- 5. The appropriate filing fees, if required, and
- 6. A postage-paid, self-addressed envelope large enough to accommodate the return
- 7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

SUMMARY SHEET

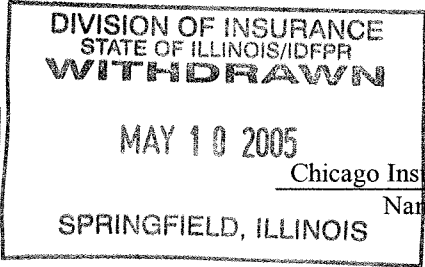
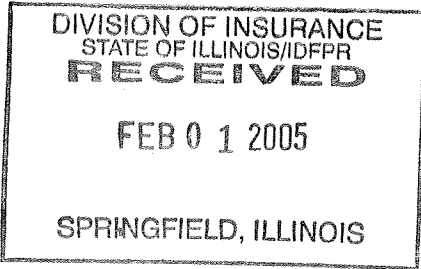
Change in Company's premium or rate level produced by rate revision effective March 1, 2005

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto	1,589,036	-10.1%
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
Line of Insurance			

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Please see enclosed memorandum.

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.



Chicago Insurance Company
Name of Company

Christopher Roe-Vice President
Official - Title

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, MARK J. KAUFMAN, a duly authorized officer of FIREMAN'S FUND INSURANCE COMPANIES, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, MARK J. KAUFMAN, a duly authorized actuary of FIREMAN'S FUND INSURANCE COMPANIES am authorized to certify on behalf of FIREMAN'S FUND INSURANCE COMPANIES making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

[Signature] - Chief Actuary - Specialty
Signature and Title of Authorized Insurance Company Officer March 31, 2005
Date

[Signature] - Chief Actuary - Specialty
Signature, Title and Designation of Authorized Actuary March 31, 2005
Date

Insurance Company FEIN 36 - 6042949 Filing Number CGIL-PL.MRPS-IL-05-01-R

Insurer's Address 33 West Monroe Street Chicago, IL 60603

City Chicago State IL Zip Code 60603

Contact Person's:
-Name and E-mail Kelly Cole; kcole@ffic.com

-Direct Telephone and Fax Number 312.456.7981



November 4, 2004

To Whom It May Concern:

Perr & Knight, Inc. is hereby authorized to submit rate, rule and form filings on behalf of the Fireman's Fund Insurance Companies listed below.

Should you have any questions regarding this authorization, please feel free to contact me at 415.899.2195.

Sincerely,

Christopher P. Roe
Vice President

CPR/esh

Fireman's Fund Insurance Companies:

American Automobile Insurance Company
Fireman's Fund Indemnity Corporation
Fireman's Fund Insurance Company of Nebraska
Fireman's Fund Insurance Company of Wisconsin
Fireman's Fund Insurance Company of Louisiana
Fireman's Fund Insurance Company of Texas
Fireman's Fund Insurance Company of Hawaii
Fireman's Fund Insurance Company of Georgia
Fireman's Fund Insurance Company of Missouri
Fireman's Fund Insurance Company of Ohio
American Standard Lloyd's Insurance Company
Fireman's Fund County Mutual Insurance Company

Fireman's Fund Insurance Company
Associated Indemnity Corporation
Jefferson Insurance Company
The American Insurance Company
Vintage Insurance Company
Midway Insurance Company
National Surety Corporation
Chicago Insurance Company
Interstate Indemnity Company
Interstate Fire & Casualty Company



"Thomas Yoo"
<tyoo@perrknight.com>
03/30/2005 04:26 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Rate Filing CGIL-PL.MRPS-IL-05-01-R Chicago Insurance Company

Mr. Neuman:

Thank you for your review of the above referenced filing. On behalf of Chicago Insurance Company, we apologize for the delay in responding to your concerns promptly. We are still diligently working on getting the response to you. Please let me know if you have any questions.

Thomas Yoo
Regulatory Compliance Coordinator
Perr&Knight
phone: 888.201.5123 x151
fax: 310.230.1061
e-mail: tyoo@perrknight.com

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]
Sent: Tuesday, March 29, 2005 7:37 AM
To: Thomas Yoo; State Filings
Subject: Fw: Rate Filing CGIL-PL.MRPS-IL-05-01-R Chicago Insurance Company

To date, we have not received a response in regard to the proposed filing submitted on behalf of Chicago Insurance Company. Do you wish to withdraw this filing? Your prompt attention is appreciated.

----- Forwarded by Gayle Neuman/INS on 03/29/2005 09:33 AM -----

Gayle Neuman/INS

02/24/2005 02:39 PM
To tyoo@perrknight.com
cc
Subject Fw: Rate Filing CGIL-PL.MRPS-IL-05-01-R Chicago Insurance Company

----- Forwarded by Gayle Neuman/INS on 02/24/2005 02:37 PM -----

Gayle Neuman/INS

To doi@perrknight.com

02/01/2005 01:23 PM

cc

SubjectRate Filing CGIL-PL.MRPS-IL-05-01-R Chicago Insurance Company

Mr. Struve:

We are in receipt of the above referenced filing submitted by letter dated January 31, 2005. The following additional information is required to process this filing:

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. Please complete the attached certification form.
2. Provide a copy of the complete rate/rule manual, including any changes made with this filing. 50 Ill. Adm. Code 929.30 requires identification of all changes from superseding filings. Please also provide us with a memorandum indicating (1) the superseded pages which is a revised page that is being replaced with an updated version, (2) pages that are withdrawn (and not replaced), and (3) new pages to be added that do not replace any previously filed page.
2. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
3. We require a written statement certifying that the insurance company does not unfairly discriminate in offering or administering this program.
4. Does the rate change increase all healthcare professionals by the same amount, or is it an average of the increases?
5. We do not require that general liability rates/rules be filed - only rate increases need to be reported on a RF-3 Summary Sheet. Is the increase on the RF-3 provided based purely on medical malpractice rates? If not, they should be separated by line and would require that you file a new RF-3 form. Medical malpractice premium should be filed on line 15 under "other" and general liability would be filed on line 3 under "liability other than auto".
6. Indicate if your company has a scheduled rating plan and if so, indicate the page in your rate/rule manual where this information can be found.

Your response is requested by February 14, 2005.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (

<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE
CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF
YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN
E-MAIL TO: gayle_neuman@ins.state.il.us

ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, _____, a duly authorized officer of _____, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, _____, a duly authorized actuary of _____, am authorized to certify on behalf of _____ making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer	Date
---	------

Signature, Title and Designation of Authorized Actuary	Date
--	------

Insurance Company FEIN ____ - _____ Filing Number _____

Insurer's Address _____

City _____ State _____ Zip Code _____

Contact Person's:

-Name and E-mail _____

-Direct Telephone and Fax Number _____



"Thomas Yoo"
<tyoo@perrknight.com>
05/10/2005 02:36 PM

To <Gayle_Neuman@ins.state.il.us>
cc
bcc
Subject RE: Rate Filing CGIL-PL.MRPS-IL-05-01-R Chicago Insurance Company

Ms. Neuman,

Thank you for your review of the above referenced filing and for your February 24, 2005 e-mail. We appreciate your patience while a response was being completed. The Chicago Insurance Company offers the following response to your concerns in the same order as they were presented:

1. *The required certification form is included in this response.*
2. *The rating rules for the Home Health Care Program have not changed. The rating rules approved in the Home Health Care Program filing are still in use by the Chicago Insurance Company.*
3. *We report our statistics to the National Independent Statistical Service (NISS).*
4. *The Chicago Insurance Company does not unfairly discriminate in offering or administering the Home Health Care Program.*
5. *The overall rate change of -10.1% is an average rate change considering the five classes of Home Health Care professionals. Rate changes for each class are shown on Exhibit 1 of the original filing.*
6. *We have included the revised RF-3 form.*
7. *We do not have scheduled rating in our manual.*

We trust this information will enable you to resume consideration of this filing and we look forward to receiving an approval at the Department's earliest convenience.

If a hard copy of this response is preferred, please advise and we will be glad to send it. If you require more than one hard copy of the response or a self-addressed postage-paid envelope, kindly indicate so we can provide the appropriate number of copies and/or envelopes.

Please let me know if you have any questions or require additional information.

Sincerely,

Thomas Yoo

Regulatory Compliance Coordinator

Perr&Knight

phone: 888.201.5123 x151

fax: 310.230.1061

e-mail: tyoo@perrknight.com

-----Original Message-----

From: Gayle_Neuman@ins.state.il.us [mailto:Gayle_Neuman@ins.state.il.us]

Sent: Thursday, February 24, 2005 12:39 PM

To: Thomas Yoo

Subject: Fw: Rate Filing CGIL-PL.MRPS-IL-05-01-R Chicago Insurance Company

----- Forwarded by Gayle Neuman/INS on 02/24/2005 02:37 PM -----

Gayle Neuman/INS

02/01/2005 01:23 PM

Todoi@perrknight.com

cc

SubjectRate Filing CGIL-PL.MRPS-IL-05-01-R Chicago Insurance Company

Mr. Struve:

We are in receipt of the above referenced filing submitted by letter dated January 31, 2005. The following additional information is required to process this filing:

1. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not

inconsistent with the company's experience. Please complete the attached certification form.

2. Provide a copy of the complete rate/rule manual, including any changes made with this filing. 50 Ill. Adm. Code 929.30 requires identification of all changes from superseding filings. Please also provide us with a memorandum indicating (1) the superseded pages which is a revised page that is being replaced with an updated version, (2) pages that are withdrawn (and not replaced), and (3) new pages to be added that do not replace any previously filed page.

2. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

3. We require a written statement certifying that the insurance company does not unfairly discriminate in offering or administering this program.

4. Does the rate change increase all healthcare professionals by the same amount, or is it an average of the increases?

5. We do not require that general liability rates/rules be filed - only rate increases need to be reported on a RF-3 Summary Sheet. Is the increase on the RF-3 provided based purely on medical malpractice rates? If not, they should be separated by line and would require that you file a new RF-3 form. Medical malpractice premium should be filed on line 15 under "other" and general liability would be filed on line 3 under "liability other than auto".

6. Indicate if your company has a scheduled rating plan and if so, indicate the page in your rate/rule manual where this information can be found.

Your response is requested by February 14, 2005.

Gayle Neuman
Property & Casualty Compliance Unit
Illinois Department of Financial & Professional Regulation, Division of Insurance
fax (217) 524-2122

Please refer to the Property and Casualty Review Requirement Checklists before submitting a paper filing or an electronic filing (SERFF). The checklists can be accessed through the Department's website (<http://www.idfpr.com/>) by clicking on: Insurance; Industry; Regulatory; IS3 Review Requirements Checklists; Property Casualty IS3 Review Requirements Checklists.

THIS MESSAGE IS INTENDED FOR THE SOLE USE OF THE ADDRESSEE AND MAY BE CONFIDENTIAL, PRIVILEGED AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF YOU RECEIVE THIS MESSAGE IN ERROR, PLEASE DESTROY IT AND NOTIFY US BY SENDING AN E-MAIL TO: gayle_neuman@ins.state.il.us

ILLINOIS CERTIFICATION FOR
MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, _____, a duly authorized officer of _____, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, _____ (Name of actuary typed or printed) _____, a duly authorized actuary of _____ (Name of actuary firm typed or printed) _____ am authorized to certify on behalf of (Name of Insurance Company) making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer

Date _____

Signature, Title and Designation of Authorized Actuary

Date _____

Insurance Company FEIN ____ - _____ Filing Number _____

Insurer's Address _____

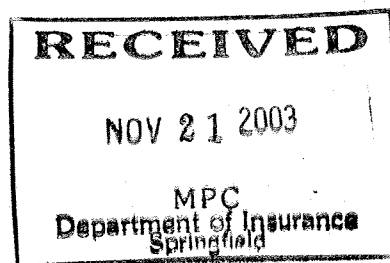
City _____ State _____ Zip Code _____

Contact Person's:

-Name and E-mail _____

-Direct Telephone and Fax Number_____

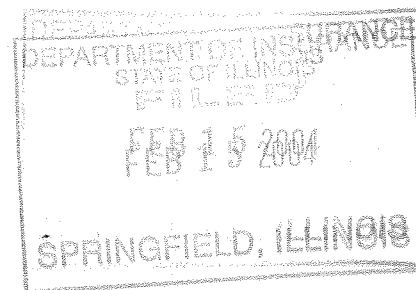




November 19, 2003

Honorable Nat Shapo
Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

Attention: Mr. John Gatlin
Supervising Insurance Analyst



Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Professional Liability Rate and Rule Filing
Effective Date: February 15, 2004
Company Filing Number IIG-HCP-IL-03-01-R

On behalf of Chicago Insurance Company (the Company), we are submitting this filing to implement changes to the rates and rules currently in effect for the Company's Professional Liability *Health Care Professional Purchasing Group*. The Company underwrites the Physical Therapists Program on behalf of the Health Care Professional Purchasing Group on an occurrence basis. Please see the enclosed filing memorandum for additional details.

We respectfully request that the proposed rates and rules be implemented for all policies effective on and after February 15, 2004.

A second copy of the cover letter and a self-addressed postage paid envelope are provided for the Insurance Department's acknowledgement or approval.

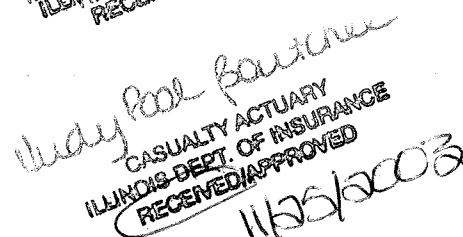
Please do not hesitate to contact us if you have any questions.

Sincerely,

Emille Fetty
Senior State Filings Consultant
phone: (888) 201-5123 extension 219
fax: (310) 230-1061
e-mail: efetty@perrknight.com

Enclosures

+ 52.1%





November 7, 2003

To Whom It May Concern:

Perr & Knight, Inc. is hereby authorized to submit rate, rule and form filings on behalf of the Fireman's Fund Insurance Companies listed below.

Should you have any questions regarding this authorization, please feel free to contact me at 415.899.2195.

Sincerely,

Christopher P. Roe
Vice President

CPR/ljg

Fireman's Fund Insurance Companies:

American Automobile Insurance Company
Fireman's Fund Indemnity Corporation
Fireman's Fund Insurance Company of Nebraska
Fireman's Fund Insurance Company of Wisconsin
Fireman's Fund Insurance Company of Louisiana
Fireman's Fund Insurance Company of Texas
Fireman's Fund Insurance Company of Hawaii
Fireman's Fund Insurance Company of Georgia
Fireman's Fund Insurance Company of Missouri
American Standard Lloyd's Insurance Company
Fireman's Fund County Mutual Insurance Company

Fireman's Fund Insurance Company
Associated Indemnity Corporation
Jefferson Insurance Company
The American Insurance Company
Vintage Insurance Company
Midway Insurance Company
National Surety Corporation
Chicago Insurance Company
Interstate Indemnity Company
Interstate Fire & Casualty Company

**Chicago Insurance Company
Health Care Professions Purchasing Group Association
Rate Filing
Effective February 15, 2004
Actuarial Memorandum**

Please find attached actuarial support for the rate changes outlined in the accompanying filing memorandum. We have attached a set of supporting actuarial exhibits for each program within the above captioned Purchasing Group affected by this filing as enumerated below.

➤ Physical Therapists

Our overall indication and indications by class (where applicable) are developed on the attached exhibits. There is one set of exhibits for each individual program listed above. The ensuing exhibits of each program's analysis provide the detailed backup for the various factors used to develop the overall and class indications. In general, our individual state experience lacks sufficient credibility to develop indications at the state level so our analysis is predicated on countrywide data.

Illinois Certificate of Compliance

Pursuant to 215 ILCS 5/155.18, We hereby certify that the Company's rates are based on sound actuarial principles and are not inconsistent with the Company's experience.

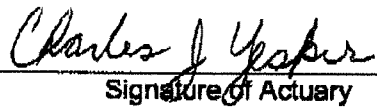

Signature of Officer

Daniel R. Spragg

Name of Officer
(Typed or printed)

Vice President Professional Liability

Title
(Typed or Printed)


Signature of Actuary

Charles J. Yesker, FCAS, MAAA

Name of Actuary
(Typed or printed)

Chicago Insurance Company

Company Name
(Typed or printed)

December 5, 2003

Date

Health Care Professional Purchasing Group Rate Filing Memorandum

The Chicago Insurance Company (CIC) underwrites the Physical Therapists Program on behalf of the Health Care Professional Purchasing Group on an Occurrence basis:

This filing represents changes to both rates and rating rules.

RATING RULES

The Rating Rule Manual for the above purchasing group is contained in this filing for ease of replacement.

The following changes have been made to the rating rules:

- To avoid redundancy, reference to the supplementary payments has been removed as it is provided in the policy form and/or amendatory endorsements.
- The definition of part-time is consolidated into rating rule 6a for ease of use.
- To ensure rating consistency, a definition of Group has been added to the rating rules

RATES

The attached rate pages reflect changes to rates for the following professionals:

Profession	Overall Rate Increase
Physical Therapists	52.1%

Please refer to the actuarial memorandum and rate pages for additional information.

These changes are effective February 15, 2004.

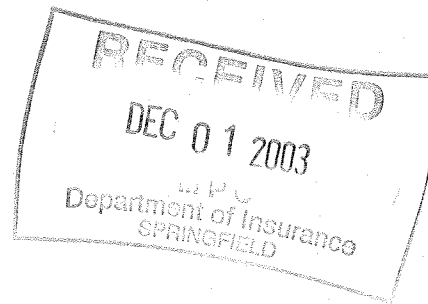
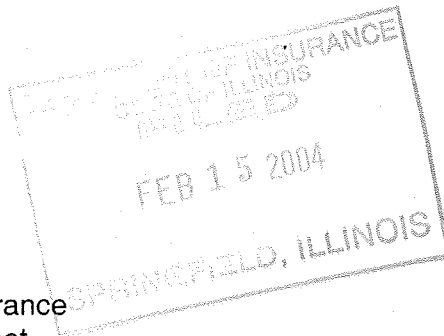


P E R R & K N I G H T

November 19, 2003

Honorable Nat Shapo
Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

Attention: Mr. John Gatlin
Supervising Insurance Analyst



Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Professional Liability Rate, Rule, and Form Filing
Effective Date: February 15, 2004
Company Filing Number IIG-ALH-IL-03-01

On behalf of Chicago Insurance Company (the Company), we are submitting this filing to implement changes to the rates, rules and forms currently in effect for the Company's Professional Liability *Allied Health Purchasing Group Association*. The Company underwrites the Professional Liability Program on behalf of the Allied Health Purchasing Group Association on an occurrence basis. Please see the enclosed filing memorandum for additional details.

We respectfully request that the proposed rates, rules and forms be implemented for all policies effective on and after February 15, 2004.

A second copy of the cover letter and a self-addressed postage paid envelope are provided for the Insurance Department's acknowledgement or approval.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Emilie Fetty
Senior State Filings Consultant
phone: (888) 201-5123 extension 219
fax: (310) 230-1061
e-mail: efetty@perrknight.com

+ 52.1% phy therapists
+ 5.9% misc. therapists
+ 10.0% mental health spec
+ 50.0% physician assistants

Wudy Paul Bortcher
CASUALTY ACTUARY
ILLINOIS DEPT. OF INSURANCE
RECEIVED
12/2/2003

Enclosures



November 7, 2003

To Whom It May Concern:

Perr & Knight, Inc. is hereby authorized to submit rate, rule and form filings on behalf of the Fireman's Fund Insurance Companies listed below.

Should you have any questions regarding this authorization, please feel free to contact me at 415.899.2195.

Sincerely,

Christopher P. Roe
Vice President

CPR/ljg

Fireman's Fund Insurance Companies:

American Automobile Insurance Company
Fireman's Fund Indemnity Corporation
Fireman's Fund Insurance Company of Nebraska
Fireman's Fund Insurance Company of Wisconsin
Fireman's Fund Insurance Company of Louisiana
Fireman's Fund Insurance Company of Texas
Fireman's Fund Insurance Company of Hawaii
Fireman's Fund Insurance Company of Georgia
Fireman's Fund Insurance Company of Missouri
American Standard Lloyd's Insurance Company
Fireman's Fund County Mutual Insurance Company

Fireman's Fund Insurance Company
Associated Indemnity Corporation
Jefferson Insurance Company
The American Insurance Company
Vintage Insurance Company
Midway Insurance Company
National Surety Corporation
Chicago Insurance Company
Interstate Indemnity Company
Interstate Fire & Casualty Company

Illinois Certificate of Compliance

Pursuant to 215 ILCS 5/155.18, We hereby certify that the Company's rates are based on sound actuarial principles and are not inconsistent with the Company's experience.

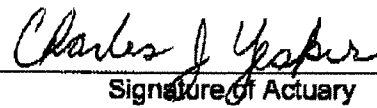

Signature of Officer

Daniel R. Spragg

Name of Officer
(Typed or printed)

Vice President Professional Liability

Title
(Typed or Printed)


Signature of Actuary

Charles J. Yesker, FCAS, MAAA

Name of Actuary
(Typed or printed)

Chicago Insurance Company

Company Name
(Typed or printed)

December 5, 2003

Date

Allied Health Purchasing Group Association Rate, Rule and Form Filing Memorandum

The Chicago Insurance Company (CIC) underwrites the Professional Liability Program on behalf of the Allied Health Purchasing Group Association on an Occurrence basis. This filing represents changes to both forms and rates utilized by the following programs within the above captioned purchasing group:

Physical Therapists
Miscellaneous Therapists
Mental Health Specialists
Physicists in Medicine

FORMS

With this filing we have added two new endorsements to the program. Both endorsements contain previously approved language but increase the supplementary payments available for specific classifications. Please see the side by side comparison (Exhibit A – Forms Comparison) for specific details relating to this change. These endorsements will be mandatory.

POE-2151 (05/98) is replaced by form number 02-PL-3001 (11/03), but only with respects to the stated professionals.

PLE-2089 (01/95) Non-Owned Automobile Endorsement has been deleted from the forms index.

RATE

Rating Rule Manuals for all Allied Health Professionals (except Students) are contained in this filing for ease of replacement. The following changes have been made to the rating rules:

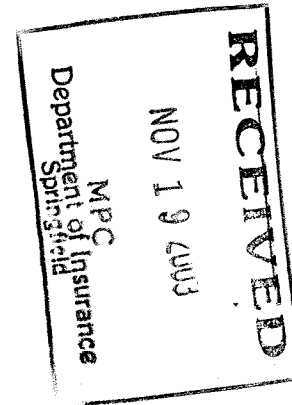
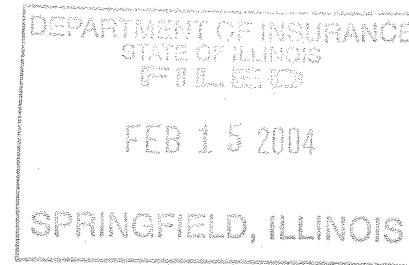
- To avoid redundancy, reference to the supplementary payments has been removed as it is provided in the policy form and/or amendatory endorsements.
- A separate rating rule manual has been created for Respiratory Therapists and Rehabilitation Therapists to distinguish the change in the base limit from \$1M/\$3M to \$1M/6M.
- The definition of part-time is consolidated into rating rule 6a for ease of use.
- To ensure rating consistency, a definition of Group has been added to the rating rules.
- References to Non-Owned Auto have been removed from the rating rules and rate pages as this coverage is no longer available.

The attached rate pages reflect changes to rates for the following professionals:

Profession	Overall Rate Increase
Physical Therapists	52.1%
Physician Assistants	50%
All Mental Health Specialists	10%
Optometrists	20%
Medical Technicians	20%
Opticians	20%
Rehabilitation Therapists	10%
Respiratory Therapists	10%
Athletic Trainers	10%

Please refer to the actuarial memorandum and rate pages for additional information. All other rates remain unchanged. With this filing, the base rate for Rehabilitation Therapists and Respiratory Therapists has been amended to represent a \$1M/\$6M limit of liability.

These changes are effective February 15, 2004.



November 17, 2003

Honorable Nat Shapo
Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

Attention: Mr. John Gatlin
Supervising Insurance Analyst

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Professional Liability Rate, Rule, and Form Filing
Effective Date: February 15, 2004
Company Filing Number IIG-NPG-IL-03-01

On behalf of Chicago Insurance Company, we are submitting this filing to implement changes to the rates, rules and forms currently in effect for the Company's Professional Liability Nurses Risk Purchasing Group Programs. The Chicago Insurance Company (CIC) underwrites the Professional Liability Program on behalf of the following purchasing groups on an occurrence basis:

- American Health Care PGA
- Professional Nurses Organization
- ANA/SNA
- National Nurses PGA

Please see the enclosed filing memorandum for additional details.

We respectfully request that the proposed rates, rules and forms be implemented for all policies effective on and after February 15, 2004.

A second copy of the cover letter and a self-addressed postage paid envelope are provided for the Insurance Department's acknowledgement or approval.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Emilie Fetty
Senior State Filings Consultant
phone: (888) 201-5123 extension 219
fax: (310) 230-1061
e-mail: efetty@perrknight.com

Enclosures

Handwritten: + 8.2%

Handwritten: Judy Rose Bork
CASUALTY ACTUARY
ILLINOIS DEPT. OF INSURANCE
RECEIVED APPROVED
11/21/03



November 7, 2003

To Whom It May Concern:

Perr & Knight, Inc. is hereby authorized to submit rate, rule and form filings on behalf of the Fireman's Fund Insurance Companies listed below.

Should you have any questions regarding this authorization, please feel free to contact me at 415.899.2195.

Sincerely,

Christopher P. Roe
Vice President

CPR/ljg

Fireman's Fund Insurance Companies:

American Automobile Insurance Company
Fireman's Fund Indemnity Corporation
Fireman's Fund Insurance Company of Nebraska
Fireman's Fund Insurance Company of Wisconsin
Fireman's Fund Insurance Company of Louisiana
Fireman's Fund Insurance Company of Texas
Fireman's Fund Insurance Company of Hawaii
Fireman's Fund Insurance Company of Georgia
Fireman's Fund Insurance Company of Missouri
American Standard Lloyd's Insurance Company
Fireman's Fund County Mutual Insurance Company

Fireman's Fund Insurance Company
Associated Indemnity Corporation
Jefferson Insurance Company
The American Insurance Company
Vintage Insurance Company
Midway Insurance Company
National Surety Corporation
Chicago Insurance Company
Interstate Indemnity Company
Interstate Fire & Casualty Company

Nurses Rate Filing Memorandum

The Chicago Insurance Company (CIC) underwrites the Professional Liability Program on behalf of the following Risk Purchasing Groups on an Occurrence basis:

ANA/SNA PURCHASING GROUP ASSOCIATION
AMERICAN HEALTH CARE PROFESSIONAL PURCHASING GROUP
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION

RATING RULES

Rating Rule Manuals for all the above purchasing groups are contained in this filing for ease of replacement.

The following changes have been made to the rating rules:

- To avoid redundancy, reference to the supplementary payments has been removed as it is provided in the policy form and/or amendatory endorsements.
- References to Non-Owned Auto have been removed from the rate pages as this coverage is no longer available.

RATES

The attached rate pages reflect changes to rates for the following professionals:

Profession	Overall Rate Increase
Nurses	8.2%

Please refer to the actuarial memorandum and rate pages for additional information.

With this filing, the base rate for above nurses programs has been amended to represent a \$1M/\$6M limit of liability.

References to Non-Owned Auto have been removed from the rate pages as this coverage is no longer available.

These changes are effective February 15, 2004.

Illinois Certificate of Compliance

Pursuant to 215 ILCS 5/155.18, We hereby certify that the Company's rates are based on sound actuarial principles and are not inconsistent with the Company's experience.



Signature of Officer

Daniel R. Spragg

Name of Officer
(Typed or printed)

Vice President Professional Liability

Title
(Typed or Printed)



Signature of Actuary

Charles J. Yesker, FCAS, MAAA

Name of Actuary
(Typed or printed)

Chicago Insurance Company

Company Name
(Typed or printed)

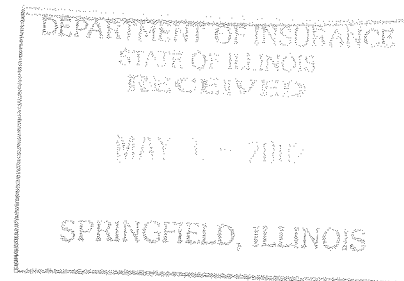
December 5, 2003

Date

INTERSTATE
INSURANCE
GROUP

Via Facsimile – 217-524-2122
May 2, 2002

Ms. Donna Raffa
Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767



RE: Chicago Insurance Company
Medical Malpractice Line of Business – Physicians and Surgeons
Withdrawal of Rate Filing – IIG-P&S-IL-02-01

Dear Ms. Raffa:

Pursuant to our conversation earlier today, Chicago Insurance Company (CIC) is formally withdrawing the captioned filing from further consideration by your Department. Furthermore, this letter is intended to confirm that CIC will initiate nonrenewal of all Physicians and Surgeons policies having expiration dates in July 2002, and thereafter. Finally, it is our understanding that CIC may proceed with said nonrenewals and that CIC is under no statutory obligation to continue to accept renewals, provided adequate notice is delivered to effected policyholders.

Thank you again for your assistance with this matter. Please do not hesitate to contact me directly at 847-998-8609 with any comments or questions.

Respectfully Submitted,

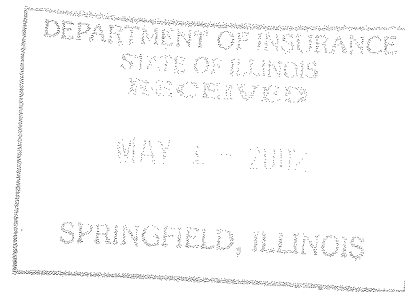
A handwritten signature in cursive script that reads "Corinne Carr".

Corinne Carr
Counsel for Fireman's Fund - Interstate

INTERSTATE
INSURANCE
GROUP

Via Facsimile – 217-524-2122
May 1, 2002

Ms. Donna Raffa
Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767



**RE: Chicago Insurance Company
Medical Malpractice Line of Business – Physicians and Surgeons
Rate Filing – IIG-P&S-IL-02-01**

Dear Ms. Raffa:

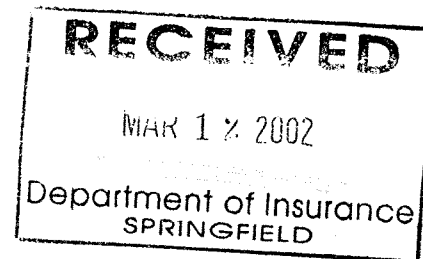
Pursuant to our conversation last week, this letter is intended to resolve confusion surrounding Chicago Insurance Company's (CIC) intentions regarding its Physicians Medical Professional Liability writings in Illinois. As you are aware, CIC submitted 90 day's notice to your Department on March 8, 2002 of its intention to terminate its Physicians and Surgeons writings in Illinois. This notice was submitted pursuant to the statutory requirements of 215 ILCS 5/143.11a. Although the submitted notice indicated that CIC would initiate nonrenewal of effected policies with an expiration date in the month of June 2002, this is no longer the case. As an accommodation to our Agent, Arthur J. Gallagher, as well as in an attempt to negative minimize impact on our Illinois insureds, CIC has agreed to delay nonrenewal. Specifically, CIC will initiate nonrenewal of those accounts having expiration dates in July 2002. Furthermore, pursuant to 215 ILCS 5/141.02, CIC may be legally obligated to continue to accept renewal business from Arthur J. Gallagher where said agent is unable to secure replacement coverage for effected insureds. These factors, combined, are the basis for CIC's submission of the captioned rate filing.

I trust this letter will be sufficient to resolve any confusion surrounding CIC's intentions regarding its Physicians and Surgeons business, as well the related rate filing. Please do not hesitate to contact me directly at 847-998-8609 with any comments or questions.

Respectfully Submitted,

Corinne Carr
Counsel for Fireman's Fund - Interstate

**INTERSTATE
INSURANCE
GROUP**



55 East Monroe Street
Chicago, Illinois 60603
312-346-6400
FAX 312-346-5748

March 8, 2002

FEDERAL EXPRESS

Hon. Nat Shapo
Director of Insurance
Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767

File #
36-6042949
File #
143.11a med mal

Re: Notice of Withdrawal – Medical Malpractice Line of Insurance - Physicians and Surgeons
Chicago Insurance Company

Dear Director:

This letter will serve as formal notice to the Illinois Department of Insurance, as required under 215 ILCS 5/143.11a, of the Chicago Insurance Company's proposed withdrawal from Medical Malpractice – Physicians and Surgeons in the State of Illinois. The reason for this withdrawal is poor underwriting results for this line of insurance and the possibility that continuation of this line of insurance may ultimately impair Company surplus. As such, Chicago Insurance Company has elected to withdraw from this line of insurance in all states wherein the Company currently operates.

Exhibit I provides an inception to year end 2001 premium and loss summary for Illinois and Countrywide. The data is organized on a report year basis. Written and earned premium is displayed. The four loss components: paid indemnity, paid allocated loss adjustment expense (ALAE), outstanding indemnity reserves, and outstanding ALAE reserves are also displayed. These amounts reflected in these components are before the application of any incurred but not reported reserves.

Medical Malpractice Insurance for Physicians and Surgeons written by Chicago Insurance Company is a mono-line, claims-made product. There are no other lines of insurance that will be affected by this reduction.

Chicago Insurance Company's withdrawal from this line will be conducted over a twelve (12) month period. Chicago Insurance Company will send, via certified/registered mail, a minimum of sixty (60) days advance notice directly to each policyholder. The policyholder notice will also highlight policy terms and conditions governing the Named Insured's rights to purchase an optional Extended Reporting Period endorsement for an additional premium charge. Upon approval from your Department, the timeline for Chicago Insurance Company's exit from this line of insurance in Illinois is as follows:

- Initial Non-Renewal Notices mailed on/before April 1, 2002 for all policies with an expiration date in the month of June, 2002. For remaining Policyholders, the following timeline applies:
 - Expiration Month of July, 2002 – Non-Renewal Notices mailed on/before May 1, 2002
 - Expiration Month of August, 2002 – Non-Renewal Notices mailed on/before June 1, 2002

MEM

Interstate Fire & Casualty Company
Chicago Insurance Company
Interstate Indemnity Company

Member Companies of The Fireman's Fund Insurance Group

March 8, 2002

Illinois Department of Insurance

Notice of Withdrawal

Page 2

Interstate Insurance Group

- Expiration Month of September, 2002 – Non-Renewal Notices mailed on/before July 1, 2002
- Expiration Month of October, 2002 – Non-Renewal Notices mailed on/before August 1, 2002
- Expiration Month of November, 2002 – Non-Renewal Notices mailed on/before September 1, 2002
- Expiration Month of December, 2002 – Non-Renewal Notices mailed on/before October 1, 2002
- Expiration Month of January, 2003 – Non-Renewal Notices mailed on/before November 1, 2002
- Expiration Month of February, 2003 – Non-Renewal Notices mailed on/before December 1, 2002
- Expiration Month of March, 2003 – Non-Renewal Notices mailed on/before January 1, 2003
- Expiration Month of April, 2003 – Non-Renewal Notices mailed on/before February 1, 2003
- Expiration Month of May, 2003 – Non-Renewal Notices mailed on/before March 1 2003

We trust this notification complies with Illinois notice requirements governing such proposed action.

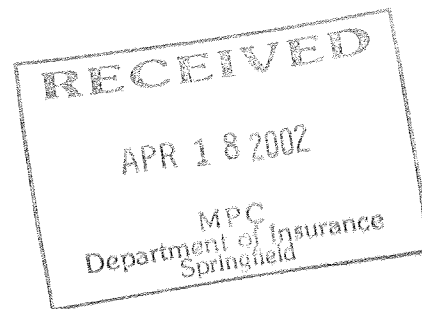
Sincerely,



Terence C. O'Dekirk

Senior Vice President – Line of Business Executive for Professional Liability

cc: Kathy M. Pinkham
Arthur J. Gallagher



April 17, 2002

Honorable Nat Shapo
Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767

Attention: Mr. John Gatlin
Supervising Insurance Analyst

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Medical Malpractice
Physicians and Surgeons (Rate Change Filing)
Company Filing Number IIG-P&S-IL-02-01

On behalf of Chicago Insurance Company (the "Company"), we are submitting a filing to amend the rates of the Physicians and Surgeons Professional Liability product in Illinois. These modified rates are based upon the experience of the most significant writers of Physicians and Surgeons professional liability coverage, since the Company's data is too immature to project losses. Please see the enclosed actuarial memorandum, exhibits A through J, and revised state exception pages for further details and supporting data.

We respectfully request that the proposed changes be implemented for new business and renewals effective July 1, 2002.

An additional copy of this cover letter and a self-addressed postage paid envelope have been provided for the Department's acknowledgement or approval.

Please do not hesitate to contact us if you have any questions.

Sincerely,


Josh Struve
State Filings Consultant
phone: (888) 201-5123 ext. 121
fax: (310) 230-1061
e-mail: jstruve@perrknight.com

Enclosures

+60.0%
Over 25 years
947-978-8607

Change in Company's premium or rate level produced by rate revision effective		7.1.02
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Medical Malpractice	\$8,098,914	+60.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:
please see the enclosed exhibits which detail applicable classes and territories

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
rate increase

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will
result from application of new rates.

Chicago Insurance Company
Name of Company

Debra Cain - Senior Specialty
Executive Underwriter
Official - Title

June 22, 2001

Donna Raffa
Insurance Analyst
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767

via facsimile: (217) 524-2122, 13 pages including this one

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Medical Malpractice
Physicians and Surgeons (Rate Change Filing)
Company Filing Number IIG-01-00080

Ms. Raffa:

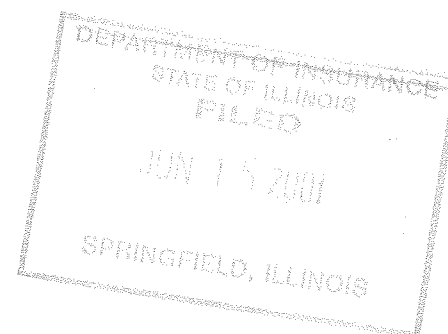
As we discussed, and on behalf of Chicago Insurance Company (the "Company"), we are submitting revised State Exception Pages to be used with the above referenced filing which was originally submitted on June 14, 2001, and subsequently amended on June 18, 2001. Please replace the formerly submitted State Exception Pages with those included in this fax, as these pages provide clarification to the Experience Rating Rule on page 3.

Please do not hesitate to contact us if you have any questions.

Sincerely,


Josh Struve
State Filings Consultant
phone: (888) 201-5123 ext. 121
fax: (310) 230-1061
e-mail: jstruve@perrknight.com

Enclosures



June 22, 2001

Donna Raffa
Insurance Analyst
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767

via facsimile: (217) 524-2122, 13 pages including this one

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Medical Malpractice
Physicians and Surgeons (Rate Change Filing)
Company Filing Number IIG-01-00080

Ms. Raffa:

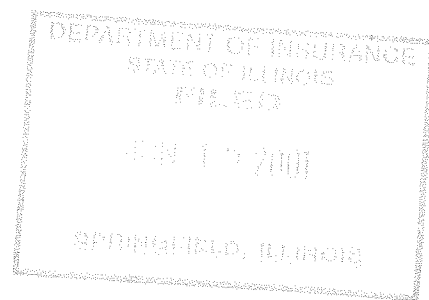
As we discussed, and on behalf of Chicago Insurance Company (the "Company"), we are submitting revised State Exception Pages to be used with the above referenced filing which was originally submitted on June 14, 2001, and subsequently amended on June 18, 2001. Please replace the formerly submitted State Exception Pages with those included in this fax, as these pages provide clarification to the Experience Rating Rule on page 3.

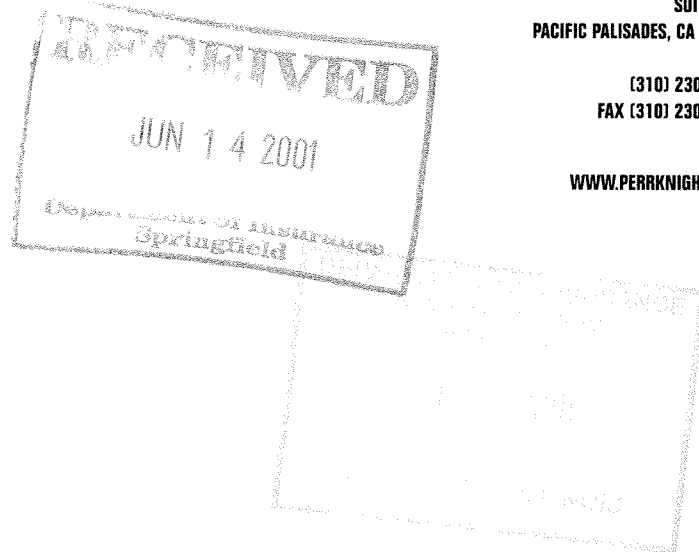
Please do not hesitate to contact us if you have any questions.

Sincerely,


Josh Struve
State Filings Consultant
phone: (888) 201-5123 ext. 121
fax: (310) 230-1061
e-mail: jstruve@perrknight.com

Enclosures





June 14, 2001

Honorable Nat Shapo
Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767

Attention: Mr. John Gatlin
Supervising Insurance Analyst

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Medical Malpractice
Physicians and Surgeons (Rate Change Filing)
Company Filing Number IIG-01-00080

On behalf of Chicago Insurance Company (the "Company"), we are submitting a filing to amend the rates of the Physicians and Surgeons Professional Liability product in Illinois. Based on information the Company has gathered, as well as results of independent analysis, the Company maintains the need for a 32% overall rate increase. Please see the enclosed actuarial memorandum, state exception pages and exhibits for further details.

We respectfully request that the proposed changes be implemented effective June 15, 2001.

An additional copy of this cover letter and a self-addressed postage paid envelope have been provided for the Department's acknowledgement or approval.

Please do not hesitate to contact us if you have any questions.

Sincerely,


Josh Struve
State Filings Consultant
phone: (888) 201-5123 ext. 121
fax: (310) 230-1061
e-mail: jstruve@perrknight.com

Enclosures

*Received
Casualty Section
6/22/01*

June 18, 2001

Donna Raffa
Insurance Analyst
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767

via facsimile: (217) 524-2122, 13 pages including this one

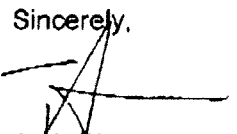
Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Medical Malpractice
Physicians and Surgeons (Rate Change Filing)
Company Filing Number IIG-01-00080

Ms. Raffa:

As we discussed on June 18, 2001, and on behalf of Chicago Insurance Company (the "Company"), we are submitting revised State Exception Pages to be used with the above referenced filing which was originally submitted on June 14, 2001. Please replace the formerly submitted State Exception Pages with those included in this fax, as these correct an error in the territorial definitions found on pages 2 and 6, wherein DuPage was overlooked.

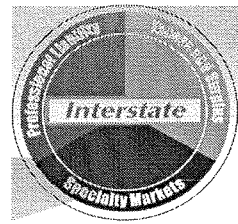
Please do not hesitate to contact us if you have any questions.

Sincerely,



Josh Struve
State Filings Consultant
phone: (888) 201-5123 ext. 121
fax: (310) 230-1061
e-mail: jstruve@perrknight.com

Enclosures



Actuarial

Interstate National Corporation
Actuarial Department
55 East Monroe
Suite 330
Chicago, IL 60660
(312) 346-640
FAX: (312) 346-301

ACTUARIAL MEMORANDUM

State of Illinois Physicians and Surgeons Professional Liability

In March of 1999, Chicago Insurance Company (*CIC*), a member of the Interstate Insurance Group (*Interstate*), was approved to write professional liability coverage for Physicians and Surgeon in the state of Illinois. At that time, Interstate was a new entrant in this market and relied heavily on publicly available information about our competitors' rates and rating plans. Since that time, we have compiled information relating to the relative cost we incur in providing coverage as compared to our competitors. In addition, we have enlisted the aid of an independent consulting firm in reviewing our pricing strategies. Based on the information we have gathered and the results of independent analysis, we have found an overall rate need of approximately 32% in our book of business.

Further investigation of our countrywide program shows that our classification plan does not accurately reflect the relative risk associated with providing coverage. We have made appropriate adjustments to this plan and are in the process of implementing the resulting plan on a countrywide basis. As a result of these adjustments, we expect an average rate increase of about 8.1% in Illinois.

At the suggestion of independent consulting firms, we have reconsidered the current territory structure in the State. We have noticed that the leading writer in the state, the Illinois State Medical Inter-Insurance Exchange (*ISMIE*), uses a class plan that is much more detailed than ours and that they are writing insurance throughout the state. Because of *ISMIE*'s position as market leader, we believe that their territory structure more accurately reflects the relative risk associated with writing coverage in different locations throughout the state. Therefore, we have chosen to model our territory structure after that of *ISMIE*. As a result of this change, we expect average the rate in the state to increase by about 18%.

Combining the rate change implied by the above-mentioned underwriting changes results in an overall average rate increase of 27.5%. Since the overall rate need for the State was found to be 32%, an additional 3.5% increase in base rate is necessary for this program. This is consistent with the recent or pending rating actions of our competitors.

We realize that the magnitude of this increase will result in the need to send 60 days advance notice to insureds whose premiums increase 30% or more and at least 31 days

notice prior to expiration to insureds whose premiums increase not more than 29.9% as required by Illinois law.

A member company of
Interstate National Corporation



Chicago Insurance Company

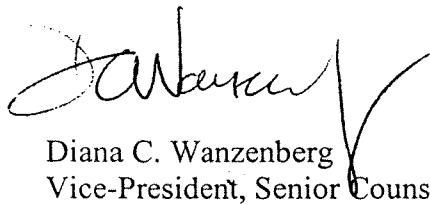
55 East Monroe Street
Chicago, Illinois 60603
FAX 312/346-5748
312/346-6400

April 26, 2001

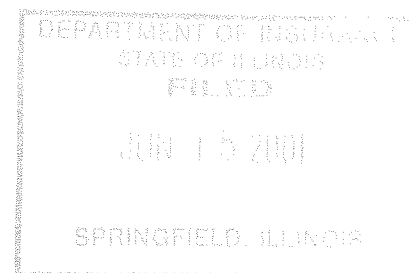
To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule and form filings on behalf of Chicago Insurance Company. Should you have any questions regarding this authorization, please feel free to contact me at (312) 456-7498, or dwanzenberg@iigroup.com.

Sincerely,

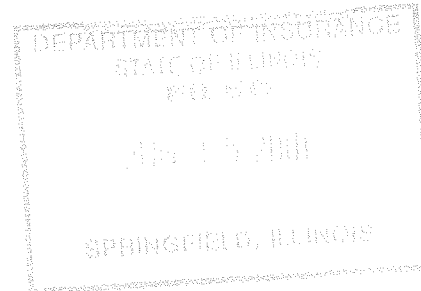


Diana C. Wanzenberg
Vice-President, Senior Counsel



June 22, 2001

Donna Raffa
Insurance Analyst
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767



via facsimile: (217) 524-2122, 13 pages including this one

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC Number 761-22810
Medical Malpractice
Physicians and Surgeons (Rate Change Filing)
Company Filing Number IIG-01-00080

Ms. Raffa:

As we discussed, and on behalf of Chicago Insurance Company (the "Company"), we are submitting revised State Exception Pages to be used with the above referenced filing which was originally submitted on June 14, 2001, and subsequently amended on June 18, 2001. Please replace the formerly submitted State Exception Pages with those included in this fax, as these pages provide clarification to the Experience Rating Rule on page 3.

Please do not hesitate to contact us if you have any questions.

Sincerely,


Josh Struve
State Filings Consultant
phone: (888) 201-5123 ext. 121
fax: (310) 230-1061
email: jsiruve@perrknight.com

Enclosures



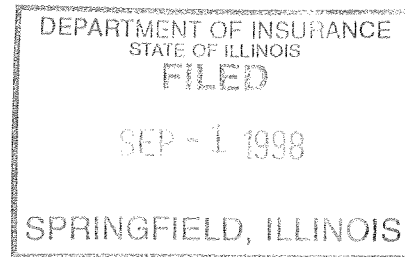
Chicago Insurance Company

May 15, 1998

55 East Monroe Street
Chicago, Illinois 60603
FAX 312/346-5748
312/346-6400

Hon. Mark Boozell
Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, IL 62767

Attn: Frank Weaver
Supervising Insurance Analyst



Re: Chicago Insurance Company, NAIC# 761-22810, FEIN 36-6042949
ANA/SNA Purchasing Group Association
Revision of Rates and Rating Rules
Filing Designation: ANASNA-98-1-R
Requested Effective Date: September 1, 1998

Chicago Insurance Company currently has on file in your state the ANA/SNA Purchasing Group Association insurance program. At this time we wish to make revisions to our rates and rating rules. The enclosed filing memorandum outlines the proposed changes. We have also provided actuarial support for our proposed changes.

We are requesting an effective date of September 1, 1998, or as soon thereafter as possible. I have enclosed a duplicate copy of this letter and filing material, as well as a self-addressed, stamped envelope for your convenience in replying. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

Elizabeth C. Lupetini, CLU, CPCU
Director, Government & Regulatory Affairs
(312) 456-7408 - phone
(312) 346-4227 - fax
elupetini@iigroup.com

Elizabeth C. Lupetini
DIRECTOR, GOVERNMENT & REGULATORY AFFAIRS
5/27/98

ECL/thri10

**ANA/SNA Purchasing Group Association
Chicago Insurance Company
Nurses Filing Memorandum**

Rate/Rating Rule Changes:

The following rating rules have been added:

- Rating rule 9. defines First Year Graduate RN. This rule is for clarification purposes only and not a change in the program.
- Rating rule 10. specifies the limits of liability for the supplementary payments discussed under the Form/Endorsement Changes section of this memorandum.
- Rating rule 11. specifies the decreased limits factors (DLF's) and increased limits factor (ILF) to be used with the \$1M/\$3M rate to determine the rate for the other limits of liability available. The rate pages, therefore, only reflect the rate for limits of \$1M/\$3M. Due to rounding rules, we expect this change in rate calculation to result in a +/- \$5 from the rates previously filed for the \$500K/\$1M limits of liability. We expect this to represent a nominal rate impact.
- Rating rule 12. provides an option to groups to purchase an additional, separate set of limits for the group entity.

The following rating changes have an overall impact of -10.65%. Please see the attached Actuarial Memorandum supporting these changes.

- Rating rule 2. has been changed to standardize the part-time rate across all specialties at 50% of the full time rate, subject to a minimum annual premium of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
- We have added rating rule 7. - a discount which recognizes a decreased exposure to loss due to a single per incident limit of liability on a group policy.
- The attached rate pages reflect changes to the following rates
 - All RN's, except Obstetrical and First Year Graduate RN's, will be charged the same rate. We have eliminated the "All Other RN" category.
 - Under the category of Advanced Practice Nurses (Nurse Practitioners and Clinical Nurse Specialists with prescriptive and medical diagnostic authority), we have eliminated the Self-Employed rating distinction. Advanced Practice Nurses will have one set of rating categories by specialty.

SEPTEMBER, 1998

ANA/SNA PGA

SEP - 1 1998

The above changes have been made to bring our rating structure in line with the market leader among competitors for Nurses Professional Liability coverage.

We have included rates for various allied health professionals who may be working in a group with nurses. These rates are on file in your department in our Allied Health Purchasing Group Association. The addition of these rates will allow such groups with various types of allied health care practitioners to be written under one policy.

We have changed the general liability rates to apply on a per location basis rather than per employee. This method of rating more accurately reflects the general liability exposure as well as eases the administration of the coverage which keeps expenses down. The rate impact of this change cannot be quantified. This program is reviewed on an annual basis and, if necessary, rates will be adjusted.

SEPTEMBER, 1998

ANA/SNA PGA

SEP - 1 1998

9-1-1998
**Health Care Professions Purchasing Group Association
Chicago Insurance Company
Filing Memorandum**

The Chicago Insurance Company underwrites the Professional Liability Program on behalf of the Health Care Professions Purchasing Group Association on an Occurrence basis. This filing represents rate and form changes to the Physical Therapist Program.

Rate/Rating Rule Changes:

The following rating rules have been added:

- ◆ Rating Rule 2 specifies the limits of liability for the supplementary payments discussed under the Form/Endorsement Changes section of this memorandum in addition to optional coverages.
- ◆ Rating Rule 5 specifies the decreased limits factors (DLF) and increased limits factors (ILF) to be used with the \$1M/\$3M rate to determine the rate for the other limits of liability available. The rate pages will therefore, only reflect the rates for limits of \$1M/\$3M. The effect of this rule is expected to be negligible in overall rates from those previously filed.
- ◆ Rating Rule 13 provides an option to groups to purchase an additional, separate set of limits for the groups entity. The additional charge is 17% of the group's total annual policy premium. Eligible groups must have limits of liability less than or equal to \$1M/\$3M. The 17% charge is equal to the ILF applicable to that used by insureds selecting limits of \$1M/\$1M excess of \$1M/\$3M.
- ◆ Rating Rule 8 makes optional general liability coverage available to all individuals and groups.

The following rating changes have an overall rate impact of +20.1% . Please see the attached Actuarial Memorandum supporting these changes.

- ◆ The rate for individual employed physical therapists will decrease by 24.2%
- ◆ The rates for groups who employ physical therapists, athletic trainers and massage therapists as employees will increase by 30.91%

We have included rates for various allied health professionals who may be working in a group with physical therapists. These rates are already on file and the majority of them have been previously approved by your department in our Allied Health Purchasing Group Association. It is our intention that the rates filed in this, the Health Care Professionals PGA, mimic those of the Allied Health PGA exactly. Any changes made to the Allied Health PGA Filing would be duplicated to any corresponding material in this Health Care PGA filing also.

We have changed the general liability rates to apply on a per location basis rather than a per employee basis. This method of rating more accurately reflects the general liability exposure as well as eases the administration of the coverage which keeps expenses down. The rate impact of this change cannot be quantified. This program is reviewed on an annual basis and, if necessary, rates will be adjusted.

**National Nurses Purchasing Group Association
Chicago Insurance Company
Nurses Filing Memorandum**

The Chicago Insurance Company underwrites the Professional Liability Program on behalf of the National Nurses Purchasing Group Association on an Occurrence basis. This filing represents rate and form changes to the Nurses Program. No form, rate or rating rule changes are contemplated for the Nurse Anesthetist or Nurse Midwife Programs in this filing.

Rate/Rating Rule Changes:

The following rating rules have been added:

- Rating rule 9. defines First Year Graduate RN. This rule is for clarification purposes only and not a change in the program.
- Rating rule 10. specifies the limits of liability for the supplementary payments discussed under the Form/Endorsement Changes section of this memorandum.
- Rating rule 11. specifies the decreased limits factors (DLF's) and increased limits factor (ILF) to be used with the \$1M/\$3M rate to determine the rate for the other limits of liability available. The rate pages, therefore, only reflect the rate for limits of \$1M/\$3M. Due to rounding rules, we expect this change in rate calculation to result in a +/- \$5 from the rates previously filed for the \$500K/\$1M limits of liability. We expect this to represent a nominal rate impact.
- Rating rule 12. provides an option to groups to purchase an additional, separate set of limits for the group entity.

The following rating changes have an overall impact of -10.65%. Please see the attached Actuarial Memorandum supporting these changes.

- Rating rule 2. has been changed to standardize the part-time rate across all specialties at 50% of the full time rate, subject to a minimum annual premium of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
- We have added rating rule 7. - a discount which recognizes a decreased exposure to loss due to a single per incident limit of liability on a group policy.
- The attached rate pages reflect changes to the following rates
 - All RN's, except Obstetrical and First Year Graduate RN's, will be charged the same rate. We have eliminated the "All Other RN" category.
 - Under the category of Advanced Practice Nurses (Nurse Practitioners and Clinical Nurse Specialists with prescriptive and medical diagnostic authority), we have eliminated the Self-Employed rating distinction. Advanced Practice Nurses will have one set of rating categories by specialty.

The above changes have been made to bring our rating structure in line with the market leader among competitors for Nurses Professional Liability coverage.

We have included rates for various allied health professionals who may be working in a group with nurses. These rates are on file in your department in our Allied Health Purchasing Group Association. The addition of these rates will allow such groups with various types of allied health care practitioners to be written under one policy.

We have changed the general liability rates to apply on a per location basis rather than per employee. This method of rating more accurately reflects the general liability exposure as well as eases the administration of the coverage which keeps expenses down. The rate impact of this change cannot be quantified. This program is reviewed on an annual basis and, if necessary, rates will be adjusted.

**CHICAGO INSURANCE COMPANY
AMERICAN SOCIETY of HEALTH-SYSTEM PHARMACISTS
RISK PURCHASING GROUP**

**Filing Memorandum
Effective 9-1-1998**

Rate/Rating Rule:

Rating rules for all members of the American Society of Health-System Pharmacists are contained in this filing. These rating rules have also been filed in the AHPGA:

- Rating rule 2. specifies the limits of liability for the supplementary payments.
- Rating rule 5. specifies the decreased limits factors (DLF) and increased limits factor (ILF) to be used with the \$1M/3M rate to determine the rate for the other limits of liability available. The rate pages, therefore, only reflect the rate for limits of \$1M/3M. The combined effect of this rule and the rounding rule is expected to be a negligible change in overall rates from those previously filed in the AHPGA.

The following rating changes have an overall impact which is negligible. Please see the attached Actuarial Memorandum supporting these changes:

- Rating rule 6. a.) adds a new graduate discount of 50%.
- Rating rule 6. b.) defines part-time rates as applicable to self-employed professionals working 20 hours per week or less.
- Rating rule 10. provides a discount which recognizes a decreased exposure to loss due to a single per incident limit of liability for all insureds on a group policy.
- Rating rule 11. is the continuation of an existing discount filed in the AHPGA.
- Rating rule 12. provides an option to groups which gives a separate set of limits for the group entity. The additional charge is 17% of the group's total annual policy premium. Eligible groups must have limits of liability less than or equal to \$1M/3M. The 17% charge is equal to the ILF applicable to that used by insureds selecting limits of \$1M/1M excess of \$1M/3M. The purchase of this additional limit is optional.

The attached Rate Pages reflect the base rates at \$1M/3M already on file in the AHPGA and previously approved by your department. Other available limits of liability can be determined by applying the DLF/ILF contained in this filing which are identical to those being filed in the AHPGA. The Student Pharmacist rates remain unchanged from those on file in the AHPGA.

In addition to the one year term offered to individual Student Pharmacists, two and three year policy terms are available. These are the same two and three year rates on file and approved by your department in the AHPGA. Rates for these terms are based on the one year annual rates as follows:

- Two year policy term rates are 194 percent of the annual one year term

- Three year policy term rates are 280 percent of the annual one year term.

The reduced rates recognize the value of money paid at inception, rather than over two or three years. These rate reductions were calculated using the present value formula:

$$\frac{1}{(1+r)^t}$$

Where t is the policy term, expressed in years and r is the interest rate. A seven percent interest rate was assumed in the calculation of the above rates.

**Professional Nursing Organizations Purchasing Group Association
Chicago Insurance Company
Nurses Filing Memorandum**

The Chicago Insurance Company underwrites the Professional Liability Program on behalf of the Professional Nursing Organizations Purchasing Group Association on an Occurrence basis. This filing represents rate and form changes to the Nurses Program.

Rate/Rating Rule Changes:

The following rating rules have been added:

- Rating rule 9. defines First Year Graduate RN. This rule is for clarification purposes only and not a change in the program.
- Rating rule 10. specifies the limits of liability for the supplementary payments discussed under the Form/Endorsement Changes section of this memorandum.
- Rating rule 11. specifies the decreased limits factors (DLF's) and increased limits factor (ILF) to be used with the \$1M/\$3M rate to determine the rate for the other limits of liability available. The rate pages, therefore, only reflect the rate for limits of \$1M/\$3M. Due to rounding rules, we expect this change in rate calculation to result in a +/- \$5 from the rates previously filed for the \$500K/\$1M limits of liability. We expect this to represent a nominal rate impact.
- Rating rule 12. provides an option to groups to purchase an additional, separate set of limits for the group entity.

The following rating changes have an overall impact of -10.65%. Please see the attached Actuarial Memorandum supporting these changes.

- Rating rule 2. has been changed to standardize the part-time rate across all specialties at 50% of the full time rate, subject to a minimum annual premium of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
- We have added rating rule 7. - a discount which recognizes a decreased exposure to loss due to a single per incident limit of liability on a group policy.
- The attached rate pages reflect changes to the following rates
 - All RN's, except Obstetrical and First Year Graduate RN's, will be charged the same rate. We have eliminated the "All Other RN" category.
 - Under the category of Advanced Practice Nurses (Nurse Practitioners and Clinical Nurse Specialists with prescriptive and medical diagnostic authority), we have eliminated the Self-Employed rating distinction. Advanced Practice Nurses will have one set of rating categories by specialty.

The above changes have been made to bring our rating structure in line with the market leader among competitors for Nurses Professional Liability coverage.

We have included rates for various allied health professionals who may be working in a group with nurses. These rates are on file in your department in our Allied Health Purchasing Group Association. The addition of these rates will allow such groups with various types of allied health care practitioners to be written under one policy.

We have changed the general liability rates to apply on a per location basis rather than per employee. This method of rating more accurately reflects the general liability exposure as well as eases the administration of the coverage which keeps expenses down. The rate impact of this change cannot be quantified. This program is reviewed on an annual basis and, if necessary, rates will be adjusted.

"old"

CHICAGO INSURANCE COMPANY

HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
PHYSICAL THERAPISTS PROFESSIONAL LIABILITY RATES
COUNTRYWIDE

remains the
full time rate
added a part
time rate

aged into
blended
ate.

CATEGORY	RATES PER PERSON			
	100K/300K	200K/600K	500K/1M	1M/3M
Employed Physical Therapist	133.	141.	168.	198.
Employed PT Assistant	54.	57.	68.	80.
Self-Employed Physical Therapist				
Full-Time	322.	341.	408.	480.
Part-Time	192.	203.	243.	286.
Self-Employed PT Assistant				
Full-Time	181.	192.	230.	270.
Part-Time	84.	89.	107.	126.
Student	N/A	N/A	N/A	33.
Employees of PT Firms				
PT's, Athletic Trainers and Massage Therapists	133.	141.	168.	198.
General Duty Nurses	60.	63.	76.	89.
LPN's, LVN's, Aides, Assistants	46.	48.	58.	68.
Allied Health Tech's, Aides and PT Assistants	54.	57.	68.	80.
Miscellaneous Therapists	57.	60.	72.	85.
Rehab. Professionals	93.	99.	118.	139.

CHICAGO INSURANCE COMPANY
PHYSICAL THERAPISTS

ACTUARIAL MEMORANDUM

Enclosed is the actuarial support for the Physical Therapists program using policy year data as of June 1994. Overall, we are proposing a 0.3% increase. The rate change is a result of blending the non-physical therapist, massage therapists and athletic trainer employees into one rating category with a blended rate. (See Exhibit 9 for the overall rate calculation.)

RATEMAKING ASSUMPTIONS

Physical Therapists is a nationwide program written through the Allied Health Risk Purchasing Group and Health Care Professions Purchasing Group. As demonstrated in Exhibit 7, this program has about 16% credibility using a full credibility standard of 3000 claims. Due to the lack of credibility of the data, we have projected the indications using a version of the Bornhuetter-Ferguson method and the Loss Development Method. The Bornhuetter-Ferguson method uses the countrywide Physical Therapists program emergence patterns to estimate the ultimate losses. The initial expected loss ratios for policy years 88 - 92 are the permissible loss and ALAE ratios. As a year matures, the expected incurred losses are replaced by actual incurred losses and the initial expected loss assumptions become less important. In order to get credible loss development factors, we have used the countrywide Physical Therapists Program and fit the Link Ratios using an Inverse Power Function. (See Exhibit 2.) Our Loss Trend of 12.5% is supported using an exponential regression on the ISO Medical Professional Liability Data. (See Exhibit 4 - Page 2.)

Summary of Indications

Countrywide 1993 Gross-ex-fac Written Premium	\$812,278
Experience Indication	27.7%
Credibility Weighted Indication	14.9%
Selected Rate Increase	0.3%

**American Health Care Professions Purchasing Group Association
Chicago Insurance Company
Nurses Filing Memorandum**

The Chicago Insurance Company underwrites the Professional Liability Program on behalf of the American Health Care Professions Purchasing Group Association on an Occurrence basis. This filing represents rate and form changes to the Nurses Program. No form, rate or rating rule changes are contemplated for the Students Program in this filing.

Rate/Rating Rule Changes:

The following rating rules have been added:

- Rating rule 9. defines First Year Graduate RN. This rule is for clarification purposes only and not a change in the program.
- Rating rule 10. specifies the limits of liability for the supplementary payments discussed under the Form/Endorsement Changes section of this memorandum.
- Rating rule 11. specifies the decreased limits factors (DLF's) and increased limits factor (ILF) to be used with the \$1M/\$3M rate to determine the rate for the other limits of liability available. The rate pages, therefore, only reflect the rate for limits of \$1M/\$3M. Due to rounding rules, we expect this change in rate calculation to result in a +/- \$5 from the rates previously filed for the \$500K/\$1M limits of liability. We expect this to represent a nominal rate impact.
- Rating rule 12. provides an option to groups to purchase an additional, separate set of limits for the group entity.

The following rating changes have an overall impact of -10.65%. Please see the attached Actuarial Memorandum supporting these changes.

- Rating rule 2. has been changed to standardize the part-time rate across all specialties at 50% of the full time rate, subject to a minimum annual premium of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
- We have added rating rule 7. - a discount which recognizes a decreased exposure to loss due to a single per incident limit of liability on a group policy.
- The attached rate pages reflect changes to the following rates
 - All RN's, except Obstetrical and First Year Graduate RN's, will be charged the same rate. We have eliminated the "All Other RN" category.
 - Under the category of Advanced Practice Nurses (Nurse Practitioners and Clinical Nurse Specialists with prescriptive and medical diagnostic authority), we have eliminated the Self-Employed rating distinction. Advanced Practice Nurses will have one set of rating categories by specialty.

The above changes have been made to bring our rating structure in line with the market leader among competitors for Nurses Professional Liability coverage.

We have included rates for various allied health professionals who may be working in a group with nurses. These rates are on file in your department in our Allied Health Purchasing Group Association. The addition of these rates will allow such groups with various types of allied health care practitioners to be written under one policy.

We have changed the general liability rates to apply on a per location basis rather than per employee. This method of rating more accurately reflects the general liability exposure as well as eases the administration of the coverage which keeps expenses down. The rate impact of this change cannot be quantified. This program is reviewed on an annual basis and, if necessary, rates will be adjusted.

**ANA/SNA Purchasing Group Association
Chicago Insurance Company
Nurses Filing Memorandum**

The Chicago Insurance Company underwrites the Professional Liability Program on behalf of the ANA/SNA Purchasing Group Association on an Occurrence basis. This filing represents rate and form changes to the Nurses Program. No form, rate or rating rule changes are contemplated for the Nurse Anesthetists Program in this filing.

Form/Endorsement Changes:

We are adding a new policy form PLJ-2037 *Medical Professional Liability Occurrence Insurance Policy*, that will be used for both individuals (employed or self-employed) and groups. Attached is a comparison of the new policy form to the two policy forms, POP-2028 *Professional Liability Insurance Policy*, and PLJ-2025 *Specified Medical Professional Liability Occurrence Insurance Policy*, already on file in your department. Form POP-2028 will be obsolete. Form PLJ-2025 will continue to be used for nurse anesthetists.

The following is a summary of changes/additions reflected on the new form. The premium impact of these changes is not significant.

- Expansion of the definition of “incident” to include service on a for-profit or not-for-profit professional board or committee for hospitals and professional societies by deleting reference to “not-for-profit”
- Addition to the definition of “incident”, as a clarification of original intent, specific coverage wording for:
 - Good Samaritan Acts
 - acts involving case management or utilization review
- Increase of the current Wage Loss and Expense reimbursement coverage limit of \$500 per day and \$7,500 per incident to \$10,000 per incident. Reasonable expenses are included within this limit.
- Increase of the limits for licensing board/governmental regulatory body hearings from the current \$2,500 limit to \$5,000 per incident/\$10,000 annual aggregate. The definition has been expanded to include any entity responsible for regulating professional conduct.
- Expansion on the offering of:
 - first party assault coverage to include travel to and from the workplace, at limits of \$5,000 per assault/\$10,000 annual aggregate (added coverage for travel to and from the workplace and increased the limits)
 - first aid coverage with a limit of \$2,500 annual aggregate (previously afforded only to employed individuals and the limit has been increased)

- Addition of deposition fees and expense coverage for individuals and groups when required to attend a deposition involving their own profession with an annual aggregate limit of \$5,000
- Revision of the contractual liability exclusion so that it does not apply to assumed liability under a managed care organization contract for negligent acts resulting solely from the provision of professional services by our insured.
- Addition of temporary replacement personnel (locum tenens) coverage for individuals and groups with the temporary replacement personnel (locum tenens) sharing in the insured's limits of liability
- Addition of individual aggregate limits to insureds on group policies.

Endorsement PLE-2079 (01/98) - Additional Insured Endorsement has been reworded to coincide with our new policy declarations page and policy form. Reference to "Coverage - A only", "Coverage - B only" and "Coverage - A & B" have been eliminated.

Endorsement PLE-2171 (05/98) - Limits of Liability Amended--Additional Limits: Named Insured/Insured is a new optional endorsement which provides groups an additional, separate set of limits for the group entity for an additional premium charge.

Endorsement POE-2151 (05/98) - Individual Practice Coverage Extension is a mandatory endorsement for all individual policies adding the following coverages for non-business pursuits (previously afforded only to employed individuals):

- supplemental liability;
- medical payments; and
- coverage for damage to property of others with an annual aggregate limit of \$500 (the limits have been increased).

We are adding the following two optional endorsements which will enable a Named Insured with an individual policy to suspend coverage under their policy should they decide to take a leave of absence from their professional duties for more than 30 days but less than 6 months. There will be no additional charge for this option. This option is not available on group policies.

PLE-2169 (02/98) - Suspension of Coverage Named Insured's Leave of Absence

This optional endorsement will suspend coverage for up to 6 months upon the insured's written notification of their leave of absence. After 6 months, coverage will automatically reactivate and extend the policy period to reflect 12 months of coverage. If the insured returns to practice prior to 6 months, the following endorsement will be used. The insured has the option of canceling coverage at any time.

PLE-2170 (03/98) - Reinstatement of Coverage Termination of Leave of Absence

In the event the insured returns to professional duties before 6 months, this endorsement will replace PLE-2169. This endorsement reactivates coverage on the date requested by the insured and extends the policy period to reflect 12 months of coverage. The insured has the option of canceling coverage at any time.

Rate/Rating Rule Changes:

The following rating rules have been added:

- Rating rule 9. defines First Year Graduate RN. This rule is for clarification purposes only and not a change in the program.
- Rating rule 10. specifies the limits of liability for the supplementary payments discussed under the Form/Endorsement Changes section of this memorandum.
- Rating rule 11. specifies the decreased limits factors (DLF's) and increased limits factor (ILF) to be used with the \$1M/\$3M rate to determine the rate for the other limits of liability available. The rate pages, therefore, only reflect the rate for limits of \$1M/\$3M. Due to rounding rules, we expect this change in rate calculation to result in a +/- \$5 from the rates previously filed for the \$500K/\$1M limits of liability. We expect this to represent a nominal rate impact.
- Rating rule 12. provides an option to groups to purchase an additional, separate set of limits for the group entity.

The following rating changes have an overall impact of -10.65%. Please see the attached Actuarial Memorandum supporting these changes.

- Rating rule 2. has been changed to standardize the part-time rate across all specialties at 50% of the full time rate, subject to a minimum annual premium of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
- We have added rating rule 7. - a discount which recognizes a decreased exposure to loss due to a single per incident limit of liability on a group policy.
- The attached rate pages reflect changes to the following rates
 - All RN's, except Obstetrical and First Year Graduate RN's, will be charged the same rate. We have eliminated the "All Other RN" category.
 - Under the category of Advanced Practice Nurses (Nurse Practitioners and Clinical Nurse Specialists with prescriptive and medical diagnostic authority), we have eliminated the Self-Employed rating distinction. Advanced Practice Nurses will have one set of rating categories by specialty.

The above changes have been made to bring our rating structure in line with the market leader among competitors for Nurses Professional Liability coverage.

We have included rates for various allied health professionals who may be working in a group with nurses. These rates are on file in your department in our Allied Health Purchasing Group Association. The addition of these rates will allow such groups with various types of allied health care practitioners to be written under one policy.

We have changed the general liability rates to apply on a per location basis rather than per employee. This method of rating more accurately reflects the general liability exposure as well as eases the administration of the coverage which keeps expenses down. The rate impact of this change cannot be quantified. This program is reviewed on an annual basis and, if necessary, rates will be adjusted.

FILING MEMORANDUM

Chicago Insurance Company plans to offer a professional liability program to Certified Registered Nurse Anesthetists (CRNA's) through the ANA/SNA Purchasing Group Association (American Nurses Association/State Nurses Association).

The program will be offered on a claims-made and occurrence basis. We will be utilizing policy forms PLJ-2026 (Claims-Made) and PLJ-2025 (Occurrence).

As this is a new program/class for CIC, we have relied upon the current market leader for this class--St. Paul. We will use the claims-made rates filed by St. Paul and have actuarially justified a factor to be used to convert the claims-made rates to occurrence rates. The factor is 1.035 which is multiplied by the mature claims-made rate to determine the occurrence rate (refer to Actuarial memorandum).

We have selected nationwide increased limits factors, claims-made factors and extended reporting period factors based upon those used by St. Paul in the majority of states. Remaining consistent with the overall intent of the Federal Liability Risk Retention Act and Purchasing Group business in specific, we are employing a single set of nationwide ILF's, claims-made and ERP factors. These rating components will be consistently applied on a nationwide basis.

A "claims-made buy-out" option (nose cover) will be available for those wishing to convert to an occurrence policy from a claims-made policy but do not wish to purchase an ERP from their expiring carrier. CIC's nose cover premium will be equal to the ERP premium filed herein. In lieu of nose cover premium payment at inception of the first CIC policy, we will require 68% of the nose cover premium the first year which will provide for a one year reporting period. The second year 38% of the nose cover premium will be required to provide for a second year reporting period. The third year 11% of the nose cover premium will be required to provide for an unlimited reporting period. CIC acknowledges that the total cost to the insured will be 117% of the ERP charge. This additional cost is supported as follows:

- a) 5% for the financing of the ERP/nose over three years;
- b) 8% for our applying the ERP factor to the fully mature claims-made rate when the policy was written, rather than to the currently filed fully mature claims-made rate as does St. Paul;
- c) 4% for the reinstatement of limits at the beginning of each of the three years the nose coverage is purchased.

An endorsement will be attached to each of three consecutive occurrence policies to effect the nose coverage. The first two years will have reporting periods which will be equal to the occurrence policy periods and will utilize endorsement PLE-8027. The third year "nose" endorsement (PLE-8026) will provide an unlimited reporting period.

FILING MEMORANDUM
(Continued)

Student nurse anesthetists will also be insured under this program at 35% of the CRNA rates. This rate differential is based upon St. Paul's program.

A discount of 50% will be offered to those CRNA's who are moonlighting and are fully employed.

A part-time self-employed policy will be available for those self-employed CRNA's who are working 20 hours or less a week. The cost of this will be 75% of the CRNA rate. No full-time employment is required in this case.

Locum Tenens will be offered and the charge will be based on the territory where the CRNA spends the majority of time working.

Limits up to \$2MM/\$4MM will be offered.

FILING MEMORANDUM

Chicago Insurance Company plans to offer a professional liability program to Certified Registered Nurse Anesthetists (CRNA's) through the National Nurses Purchasing Group Association.

The program will be offered on a claims-made and occurrence basis. We will be utilizing policy forms PLJ-2026 (Claims-Made) and PLJ-2025 (Occurrence).

As this is a new program/class for CIC, we have relied upon the current market leader for this class--St. Paul. We will use the claims-made rates filed by St. Paul and have actuarially justified a factor to be used to convert the claims-made rates to occurrence rates. The factor is 1.035 which is multiplied by the mature claims-made rate to determine the occurrence rate (refer to Actuarial memorandum).

We have selected nationwide increased limits factors, claims-made factors and extended reporting period factors based upon those used by St. Paul in the majority of states. Remaining consistent with the overall intent of the Federal Liability Risk Retention Act and Purchasing Group business in specific, we are employing a single set of nationwide ILF's, claims-made and ERP factors. These rating components will be consistently applied on a nationwide basis.

A "claims-made buy-out" option (nose cover) will be available for those wishing to convert to an occurrence policy from a claims-made policy but do not wish to purchase an ERP from their expiring carrier. CIC's nose cover premium will be equal to the ERP premium filed herein. In lieu of nose cover premium payment at inception of the first CIC policy, we will require 68% of the nose cover premium the first year which will provide for a one year reporting period. The second year 38% of the nose cover premium will be required to provide for a second year reporting period. The third year 11% of the nose cover premium will be required to provide for an unlimited reporting period. CIC acknowledges that the total cost to the insured will be 117% of the ERP charge. This additional cost is supported as follows:

- a) 5% for the financing of the ERP/nose over three years;
- b) 8% for our applying the ERP factor to the fully mature claims-made rate when the policy was written, rather than to the currently filed fully mature claims-made rate as does St. Paul;
- c) 4% for the reinstatement of limits at the beginning of each of the three years the nose coverage is purchased.

An endorsement will be attached to each of three consecutive occurrence policies to effect the nose coverage. The first two years will have reporting periods which will be equal to the occurrence policy periods and will utilize endorsement PLE-8027. The third year "nose" endorsement (PLE-8026) will provide an unlimited reporting period.

FILING MEMORANDUM
(Continued)

Student nurse anesthetists will also be insured under this program at 35% of the CRNA rates. This rate differential is based upon St. Paul's program.

A discount of 50% will be offered to those CRNA's who are moonlighting and are fully employed.

A part-time self-employed policy will be available for those self-employed CRNA's who are working 20 hours or less a week. The cost of this will be 75% of the CRNA rate. No full-time employment is required in this case.

Locum Tenens will be offered and the charge will be based on the territory where the CRNA spends the majority of time working.

Limits up to \$2MM/\$4MM will be offered.



Chicago Insurance Company

55 East Monroe Street
Chicago, Illinois 60603
FAX 312/346-5748
312/346-6400

August 12, 1994

Hon. James W. Schacht
Acting Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
FILED

JAN 1 - 1985

SPRINGFIELD, IL

Attn: Mr. Frank Weaver
Supervising Insurance Analyst

Rates

*MEM
COF (7)
JSG*

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC # 761-22810
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
Filing Designation: NNPGA-195
Rate and Form Revision
Requested Effective Date: January 1, 1995

Chicago Insurance Company (CIC) currently has this purchasing group insurance program on file for use in your state.

At this time we are submitting a significant revision to this purchasing group. The enclosed Explanatory Memorandum outlines the changes.

We would appreciate your prompt acknowledgment of this filing for use in your state, effective January 1, 1995. I have enclosed a duplicate copy of this letter and filing material, as well as a self-addressed, stamped envelope for your convenience in replying. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

Elizabeth C. Lupetini
Sr. Regulatory Affairs Analyst
(312) 456-7408

Robert W. Cassow
CASUALTY ACTUARY
ILL. DEPT. OF INSURANCE
RECEIVED/APPROVED
9/7/94

CA

CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
FILING MEMORANDUM

FILING DESIGNATION: NNPGE-195

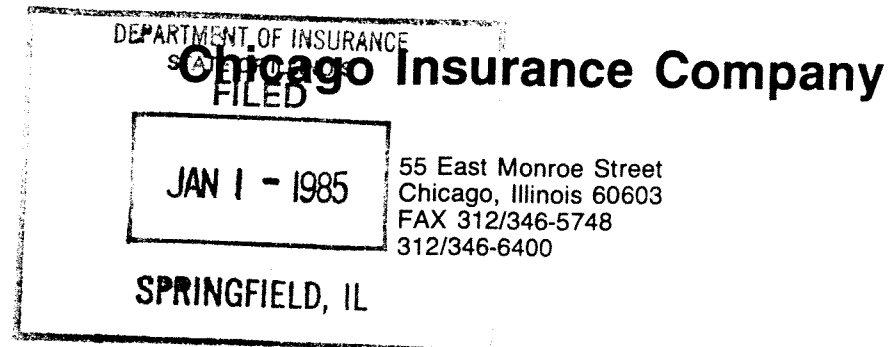
The policy forms will be the 86F for Employed Nurses and the AHC for Self-Employed Nurses. A copy of the 86 to 86F policy comparison is attached for reference.

We have added the AHC policy form to provide coverage for nurses who may own a business entity since the 86F policy form specifically excludes ownership of a business entity. The AHC policy form does not include Personal Liability or Medical Payments coverage, however, this coverage was not included in the previous policy form either. It also does not include the licensing board reimbursement which is something new in this Purchasing Group.

The rate levels and rating structure currently on file with the various Insurance Departments will be utilized with the following additions:

A Loss Prevention/Risk Management Credit of up to 25%. The criteria is listed in #7 on the Rating Rule Page.

Rates for Employees of Firms, General Liability, Additional Insureds and Non-Owned Automobile (these rates have been approved and are on file with the Professional Nursing Organizations Purchasing Group Association and American Health Care Professions Purchasing Group Association).



August 12, 1994

Hon. James W. Schacht
Acting Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

Attn: Mr. Frank Weaver
Supervising Insurance Analyst

Re: Chicago Insurance Company, FEIN 36-6042949, NAIC # 761-22810
PROFESSIONAL NURSING ORGANIZATIONS PURCHASING GROUP
ASSOCIATION
Filing Designation: PNOPGA-195
Rate and Form Revision
Requested Effective Date: January 1, 1995

Chicago Insurance Company (CIC) currently has this purchasing group insurance program on file for use in your state.

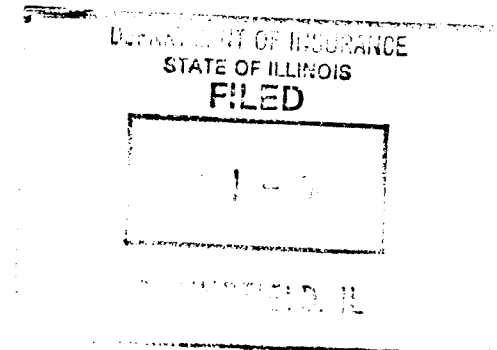
At this time we are submitting a significant revision to this purchasing group. The enclosed Explanatory Memorandum outlines the changes.

We would appreciate your prompt acknowledgment of this filing for use in your state, effective January 1, 1995. I have enclosed a duplicate copy of this letter and filing material, as well as a self-addressed, stamped envelope for your convenience in replying. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

Elizabeth C. Lupetini
Sr. Regulatory Affairs Analyst
(312) 456-7408

Robert W. Casrow
CASUALTY ACTUARY
ILL. DEPT. OF INSURANCE
RECEIVED/APPROVED
7/15/94



CA

CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSING ORGANIZATIONS PURCHASING GROUP ASSOCIATION
FILING MEMORANDUM

FILING DESIGNATION: PNOPGA-195

The policy forms will be the 86F for Employed Nurses and the AHC for Self-Employed Nurses.
A copy of our policy comparison is attached for reference.

The rate levels and rating structure currently on file with the various Insurance Departments will
be utilized with the following additions:

A Loss Prevention/Risk Management Credit of up to 25%. The criteria is listed in #7 on
the Rating Rule Page.

Increased the aggregate limits for General Liability and Non-Owned Automobile
Coverages. This was done to clarify that the limits for the optional coverages are part of,
not in addition to, the policy limits. There should be no rate impact from this change as it
is unlikely that claims will reach the aggregate limits. (We have never had an aggregate
eroded on the program.)

A member company of
Interstate National Corporation



Chicago Insurance Company

55 East Monroe Street
Chicago, Illinois 60603
FAX 312/346-5748
312/346-6400

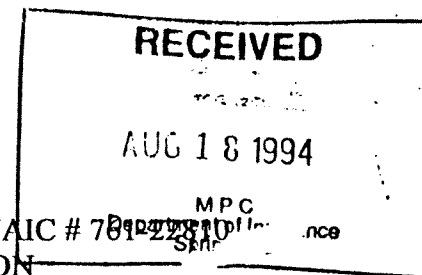
August 12, 1994

Hon. James W. Schacht
Acting Director of Insurance
Illinois Department of Insurance
320 West Washington Street
Springfield, Illinois 62767

Rates

*MEM
COF (7)
JSG*

Attn: Mr. Frank Weaver
Supervising Insurance Analyst



Re: Chicago Insurance Company, FEIN 36-6042949, NAIC # 70122810
ANA/SNA PURCHASING GROUP ASSOCIATION
Filing Designation: ANA/SNA-195
New Purchasing Group Insurance Program
Requested Effective Date: January 1, 1995

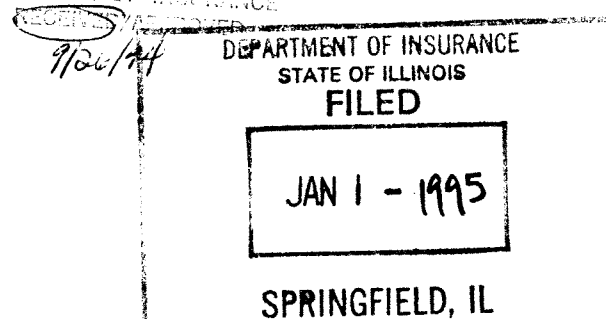
Chicago Insurance Company (CIC) has been asked to provide professional liability coverage to the above referenced purchasing group. The rates and forms for this purchasing group are based on information currently on file as well as on information concurrently being filed in other purchasing groups. The enclosed Explanatory Memorandum outlines the information enclosed.

We would appreciate your prompt acknowledgment of this filing for use in your state, effective January 1, 1995. I have enclosed a duplicate copy of this letter and filing material, as well as a self-addressed, stamped envelope for your convenience in replying. Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

Elizabeth C. Lupetini
Sr. Regulatory Affairs Analyst
(312) 456-7408

Robert W. Casper
CASUALTY ACTUARY
ILL. DEPT. OF INSURANCE



CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
FILING MEMORANDUM

FILING DESIGNATION: ANA/SNA-195

The American Nurses Association and State Nurses Associations have formed the ANA/SNA Purchasing Group Association designed to offer a professional liability/general liability program to their members (Employed and Self-Employed Nurses).

The policy forms will be the 86F for Employed Nurses and the AHC for Self-Employed Nurses (individuals and groups). These forms are also currently being filed for the Professional Nursing Organizations Purchasing Group Association, American Health Care Professions Purchasing Group Association and the National Nurses Purchasing Group Association. A copy of our policy comparison is attached for reference.

All of the rates in the new Purchasing Group have been approved and are on file with the Professional Nursing Organizations Purchasing Group Association, American Health Care Professions Purchasing Group Association and the National Nurses Purchasing Group Association.

We are making two additions to the rating structure/rules as follows:

A Loss Prevention/Risk Management Credit of up to 25%. The criteria is listed in #7 on the Rating Rule Page.

A new rate for First Year Graduate Registered Nurses. This lower rate was negotiated by the ANA and is justified by only being offered to first-year graduate registered nurses who are employed. New graduates work under supervision of a senior experienced nurse in addition to a classroom orientation program. Given the preceding, there is a lower propensity of being a sole defendant in a malpractice suit.

**Allied Health Purchasing Group Association
Filing Memorandum
Physician Assistants**

The Chicago Insurance Company (CIC) underwrites the Professional Liability Program on behalf of the Allied Health Purchasing Group Association on an Occurrence basis. This filing represents changes to the rates.

RATES

The attached rate pages reflect a 10% base rate increase.

Please refer to the actuarial memorandum and supporting exhibits for additional information.

These changes are effective June 1, 2005.

Exhibit 1
Chicago Insurance Company
Physicians/Surgeons Assistants Professional Liability

Ratemaking Calculations - Countrywide

Accident Year	(1) Earned Premium	(2) On-Level Factors	(3) On-Level Earned Premium	(4) @12/31/04 Paid Loss and ALAE	(5) @12/31/04 Case Reserves	(6) @12/31/04 Reported Loss and ALAE	(7) @12/31/04 Claim Counts	
2000	555,631	1.403	779,550	454,539	68,307	522,846	17	
2001	544,503	1.403	763,938	229,989	461,388	691,377	16	
2002	727,477	1.403	1,020,650	85,177	795,118	880,295	13	
2003	788,600	1.403	1,106,406	1,914	51,215	53,129	7	
2004	708,205	1.215	860,815	-	4,500	4,500	3	
Total	3,324,416		4,531,360	771,620	1,380,528	2,152,148	56	

Accident Year	(8) Paid Link Ratio	(9) Projected Ultimate Losses Reported Link Ratio	(9a) Reported B-F	(10) Selected Ultimate Losses	(11) Trend Factors	(12) Trended Selected Ultimate Losses	(13) Ultimate Loss Ratio	(14) Weight
2000	642,081	595,749	643,402	618,915	1.758	1,087,754	139.5%	10.0%
2001	584,645	1,017,864	1,001,045	801,255	1.597	1,279,948	167.5%	10.0%
2002	662,451	2,497,677	1,715,542	1,580,064	1.452	2,294,733	224.8%	20.0%
2003	68,746	425,479	1,276,756	1,276,756	1.320	1,685,781	152.4%	25.0%
2004	-	444,601	1,247,469	1,247,469	1.200	1,497,471	174.0%	35.0%
Total	1,957,923	4,981,369	5,884,213	5,524,458		7,845,688	173.1%	100.0%

(15) Experience Loss and ALAE Ratio	174.7%
(16) Credibility	28.6%
(17) Complement of Credibility	48.9%
(18) Credibility Weighted Experience Loss and LAE Ratio	84.9%
(19) Permissible Loss and ALAE Ratio	44.5%
(20) Indicated Rate Change	90.9%
(21) Selected Rate Change	10.0%

Notes

- (1) From Exhibit 8
(2) Based on historical rate changes; see Exhibit 2.
(3) = (1) x (2)
(4)-(7) From Exhibit 3
(8)-(9) Based on loss development factors from Exhibit 3.
(10) Selected judgmentally based on (8) and (9)
(11) From Exhibit 4.
(12) = (10) x (11)

- (13) = (12) / (3)
(14) Selected Judgmentally
(15) = Sumproduct { (13), (14) }
(16) = Minimum {1.00, [(7) Total / 683]1/2}
(17) = (19) * Product of frequency and severity trends shown on Exhibit 4.
(18) = (15) x (16) + (17) x [1.00 - (16)]
(19) See Exhibit 5.
(20) = (18) / (19) - 1

[illegible]

Incurred Loss Development Factors by Accident Year

[illegible]

Average		Average Development													
		Evaluation Age in Months													
		12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 to 180
Type															
All Years	1,151,269	4,377	1,941	1,307	1,115	1,034	0.989	1,000	1,000	1,000					
Latest 3	11,039	8,729	2,130	1,038	1,234	1,054	0.986	1,000	1,000	1,000					
Ex. Hi-Lo	59,201	2,780	1,979	1,263	1,038	1,031	0.990	1,000							
Mid. Avg.	12,338	2,823	1,928	1,293	1,135	1,031	0.988	1,000	1,000	1,000					
Wld. Last 3	3,849	5,993	2,123	0,934	1,247	1,051	0.987	1,000	1,000	1,000					
1984 to Present - Ex. Hi-Lo	53,735	2,910	1,961	1,271	1,016	1,065									

Age-to-Age

[illegible]

Exhibit 4
Chicago Insurance Company
Physicians/Surgeons Assistants Professional Liability
Loss and ALAE Trend

(1) Accident Year	(2) Paid Loss & ALAE	(3) Incurred Loss & ALAE	(4) Paid Development Factor	(5) Incurred Development Factor	(6) Indicated Ultimate From Paid Development	(7) Indicated Ultimate From Incurred Development	(8) Selected Ultimate Loss & ALAE	(9) Reported Claim Count	(10) Claim Emergence Factor	(11) Ultimate Claim Count	(12) Ultimate Severity	(13) Earned Premium Current Level	(14) Premium Factor On Current Level	(15) On Level Earned Premium	(16) Exposure Adjusted Frequency
1996	734,700	734,700	1,000	1,000	734,700	734,700	734,700	14	1,000	14	52.475	586,246	1,560	930,225	15.05
1997	770,551	908,301	1,000	1,000	908,467	908,467	839,587	14	1,000	14	59.971	571,906	1,560	892,251	15.69
1998	148,656	227,535	1,020	0.989	225,063	225,063	188,372	15	1,000	15	12.558	552,692	1,550	856,801	17.50
1999	604,890	927,590	1,055	1,022	638,250	948,186	793,218	15	1,000	15	52.881	546,728	1,403	767,059	19.56
2000	454,539	522,846	1,413	1,139	642,081	595,749	618,915	17	1,025	17	36.407	555,631	1,403	779,550	21.81
2001	229,989	691,377	2,542	1,472	594,645	1,017,864	801,255	16	1,093	17	47.133	544,503	1,403	763,938	22.25
2002	85,177	880,295	7,777	2,837	662,451	2,497,677	1,580,064	13	1,347	18	87.781	727,477	1,403	1,020,650	17.64
2003	1,914	53,129	35,914	8,008	69,746	425,479	1,276,756	6	2,186	13	98.212	788,600	1,403	1,106,406	11.75
2004	0	4,500	1343,487	98,800	0	444,601	1,247,469	3	6,103	15	81.062	708,205	1,215	860,815	17.88
All Years Filled Trend											12.4%				
Selected											-0.1%				

Accident Year	Annual Trend	Midpoint of Exposure	Average Accident Date o Effective Period	Trend Factor
1999	1,100	7/2/1999	6/1/2006	6.92
2000	1,100	7/1/2000	6/1/2006	5.92
2001	1,100	7/2/2001	6/1/2006	4.91
2002	1,100	7/2/2002	6/1/2006	3.92
2003	1,100	7/2/2003	6/1/2006	2.92
2004	1,100	7/1/2004	6/1/2006	1.92
Total Trend				10.0%

Exhibit 5
Chicago Insurance Company
Physicians/Surgeons Assistants Professional Liability

Projected Expenses

	2001	2002	2003	Projected at Current Rates
(1) Direct Written Premium	135,032	132,930	110,140	
(2) Direct Earned Premium	113,824	144,251	115,303	
Expense Category:				
(3) Commissions	29,898 22.1%	24,403 18.4%	20,888 19.0%	19.8%
(4) Other Acquisitions	3,449 2.6%	4,804 3.6%	3,730 3.4%	3.2%
(5) General	8,047 6.0%	11,208 8.4%	8,703 7.9%	7.4%
(6) Taxes, Licenses, and Fees	2,897 2.1%	4,013 3.0%	2,851 2.6%	2.6%
(7) Subtotal	44,291 32.8%	44,428 33.4%	36,172 32.8%	33.0%
(8) Unallocated Loss Adjustment Expenses	3,938 2.9%	-1,372 -1.0%	-2,879 -2.6%	2.9%
(9) Profit Load				

(10) Total Expenses

55.5%

(11) Permissible Loss and Allocated Loss Adjustment Expense Ratio

44.5%

Notes:

Based on IEE for Medical Malpractice using Chicago Insurance Company data.

(11) = 1.00 - (10)

Exhibit 6
Chicago Insurance Company
Physicians/Surgeons Assistants Professional Liability

Calculation of Profit and Contingency Load

	(1) Nominal Ratio to Earned Premium	(2) Effective Duration In Years	(3) Risk Adjustment	(4) Risk Adjusted Yield	(5) Present Value Amount
<u>Variable Underwriting Costs</u>					
(a) Commission	19.8%				
(b) Other Acq. & Gen Exp - Variable	0.0%				
(c) TL&F	2.6%				
<u>Fixed Underwriting Costs</u>					
(d) Loss + ALAE	174.7%	4.36	10.64%	-6.64%	2.36
(e) Other Acq. & Gen Exp - Fixed	10.6%	0.20	0.00%	4.00%	0.11
(f) ULAE	2.9%	4.36	0.00%	4.00%	0.02
<hr/>					
(g) Required Premium at Target ROE	324.4%		0.00%	4.00%	320.56%
(h) Nominal Loss and Expense	260.9%				
(i) Underwriting Profit Provision	19.6%				

Assumptions:

Unadjusted Capital Ratio = CR (from FFIC EVA Model)
Loss Beta = Beta (from FFIC EVA Model)
R/S = Reserves/Surplus Ratio (from FFIC EVA model) 1.667
AT ROE = After Tax Target ROE
NY = Normalized Yield (Est. Portfolio Yield)
DY = Discounted Yield (Risk Free Yield)
T = Tax Rate
RA = Risk Adjustment = (AT ROE/(1-T) - NY)/(R/S)
RAY = Risk Adjusted Yield = NY-RA

Notes:

(1a), (1b) and (1c) equals Selected Variable Expense Provisions from Sheet 9.
(1d) = Selected Ultimate Loss and ALAE Ratio from Sheet 2.
(1e) and (1f) = Selected Fixed Expense Provisions from Sheet 9.
(1g) = (5g) x [1 + (4g)] ^ (2g).
(1h) = [Sum of (1a), (1b) and (1c)] x (1g) + [Sum of (1d), (1e) and (1f)].
(1i) = 1.0 - [(1h) / (1g)].
(2) selected duration of the corresponding payment. (2d) and (2f) based on the underlying payment pattern.
(3d) based on risk adjustment calculation in assumptions. All others assumed to be 0.0.
(4) = Normalized Yield - (3).
(5d), (5e) and (5f) = (1) x [1.0 + (4)] ^ -(2).
(5g) = [Sum of (5d), (5e) and (5f)] / [1.0 - Sum of (1a), (1b) and (1c)].

Exhibit 6, Sheet 2
Chicago Insurance Company
Physicians/Surgeons Assistants Professional Liability

Statistical Support for the Effective Duration

		Evaluation Age in Months														
		12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 to Ult	
(1)	Selected Paid LDF	37.408	4.618	3.059	1.800	1.339	1.034	1.020	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
(2)	Cumulative Paid LDF	1,343.487	35.914	7.777	2.542	1.413	1.055	1.020	1.000	1.000	1.000	1.000	1.000	1.000	1.000	
(3)	Cumulative % Paid	0.1%	2.8%	12.9%	39.3%	70.8%	94.8%	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
(4)	Cumulative % Unpaid	99.9%	97.2%	87.1%	60.7%	29.2%	5.2%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
(5)	Incr. % Paid	0.1%	2.7%	10.1%	26.5%	31.5%	24.0%	3.2%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
(6)	Ult. Loss	100														
(7)	Amount Paid	0.07	2.71	10.07	26.48	31.45	23.98	3.23	1.97	0.02	-	-	-	-	-	
(8)	Annual Int Rate	-6.64%														
(9)	Pay Lag	0.50	1.50	2.50	3.50	4.50	5.50	6.50	7.50	8.50	9.50	10.50	11.50	12.50	13.50	
(10)	PV Paid	0.08	3.00	11.96	33.68	42.86	35.00	5.05	3.31	0.04	-	-	-	-	134.98	

Notes:

(1), (2) From Exhibit 3

(3) = 1 / (2)

(4) = 1 - (3)

(5) = The current evaluation age value of (3) - The previous evaluation age value of (3).

(7) = (6) x (3)

(8) From Exhibit 6, Sheet 1

(10) = (7) / [1 + (8) ^ (9)]

(11) = ln [(6) / sum of (10)] / ln [1 + (8)]

Chicago Insurance Company
Physicians/Surgeons Assistants Professional Liability
Written Premium by State

Exhibit 7

TOTAL

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	974	974	1,881	1,749	4,378
AL	(313)		91	0	
AZ	18,705	9,858	25,875	19,216	39,824
CA	12,963	19,356	20,183	30,447	29,846
CO	17,987	12,027	28,246	11,479	14,552
CT	693	1,287	8,782	5,919	4,524
DC			561	561	421
DE				968	0
FL	108,443	97,749	117,431	110,284	102,834
GA	12,173	21,952	21,601	23,644	38,528
HI	5,225	5,316	2,375	2,375	4,661
IA	594	1,188	594	594	891
ID	281	281	7,772	5,636	6,890
IL	1,188	0	1,345	2,463	1,782
IN			693	0	1,040
KS	21,343	17,319	13,416	26,467	18,712
KY	3,564	1,188	1,188	1,188	1,782
LA	4,082	2,752	3,225	1,469	421
MA	25,798	24,264	28,385	17,936	20,446
MD	9,091	10,256	12,169	22,265	14,526
ME	281	281	1,706	3,110	1,312
MI	11,539	9,425	11,825	12,751	10,132
MN			2,375	2,781	4,242
MO	562	480	4,557	8,099	11,658
MT	6,907	2,375	673	673	842
NC	11,608	12,531	8,213	11,646	21,658
NE	1,121	0			421
NH	281	281	1,188	1,188	1,782
NJ	1,933	1,750	3,553	4,037	5,700
NM	3,135	1,815	1,947	1,947	1,733
NV	14,250	11,994	14,605	4,795	3,920
NY	145,187	109,317	87,300	88,128	49,180
OH	12,205	11,792	21,263	26,069	28,337
OK	8,439	3,214	1,782	4,242	3,774
OR	1,188	1,188	960	9,744	8,519
PA	46,487	74,031	111,830	94,806	104,878
RI	6,680	2,850	1,188	4,752	9,207
SC	1,188	1,188	4,038	6,888	2,850
SD	4,909	7,285	7,362	5,806	4,543
TN			6,840	4,768	2,849
TX	24,594	54,085	163,377	149,308	121,672
UT	17,105	15,102	5,970	11,286	5,346
VA		2,376	2,376	2,970	1,782
VT			594	875	891
WA	2,659	6,001	19,067	12,607	10,302
WI	959	959	959	1,553	594
WV	1,188	1,782	4,158	3,564	3,564
WY	561	561	4,854	4,854	3,719
TOTAL	567,757	558,430	790,373	767,907	731,465

Chicago Insurance Company
Physicians/Surgeons Assistants Professional Liability
Earned Premium by State

Exhibit 8

TOTAL

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	1,266	1,068	1,762	1,661	3,845
AL	246		49	42	
AZ	20,283	13,120	21,268	21,306	29,224
CA	12,388	17,189	23,402	25,170	27,228
CO	15,176	14,595	22,804	17,376	10,805
CT	693	916	5,132	6,515	5,094
DC			444	561	450
DE				968	0
FL	104,424	98,806	120,112	109,415	100,268
GA	12,044	16,118	20,035	22,536	29,899
HI	5,126	5,297	4,413	2,375	3,250
IA	594	965	965	594	780
ID	281	281	5,165	7,234	5,939
IL	624	644	280	2,319	1,728
IN			144	549	217
KS	21,926	19,807	16,015	25,068	16,833
KY	4,306	2,772	1,188	1,188	1,361
LA	4,876	3,358	4,095	1,539	779
MA	29,199	27,670	27,257	20,068	17,894
MD	9,714	9,838	11,633	19,142	17,188
ME	281	281	1,290	2,560	1,965
MI	9,221	10,202	11,418	12,089	11,237
MN			495	2,571	3,126
MO	632	478	2,447	8,768	7,892
MT	5,065	4,827	1,169	673	793
NC	10,153	11,404	10,812	10,665	18,670
NE	1,121	140			333
NH	281	281	976	1,188	1,658
NJ	2,351	1,729	2,763	3,441	5,423
NM	2,888	2,134	1,702	1,947	1,809
NV	11,875	11,524	14,163	11,642	3,254
NY	135,603	121,592	95,151	94,652	66,989
OH	12,102	11,198	15,758	23,468	24,730
OK	9,299	5,308	2,162	4,171	3,710
OR	1,188	1,188	960	6,409	8,796
PA	45,884	59,860	93,070	104,306	98,240
RI	4,424	2,850	2,900	4,059	6,967
SC	1,188	1,188	3,682	6,294	3,889
SD	4,910	7,211	6,936	5,754	4,064
TN			4,785	5,607	3,781
TX	35,340	33,380	133,109	153,631	128,349
UT	13,046	16,340	8,395	9,479	6,955
VA		1,584	2,376	2,970	1,609
VT			322	723	907
WA	2,907	4,333	16,546	15,393	11,133
WI	959	959	799	1,528	1,353
WV	1,188	1,510	3,564	4,133	3,465
WY	561	561	3,564	4,854	4,328
TOTAL	555,631	544,503	727,477	788,600	708,205

Chicago Insurance Company
Physicians/Surgeons Assistants Professional Liability
Reported Loss + ALAE by State

Exhibit 9

TOTAL

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AZ	3,748				
CA		166,218		17,500	
CO					
CT			5,000		
FL	295,575	49,678	262,739		
IL					
KS	72,996	0	0		2,000
MA			1,852		
MD			547,800		0
MI				0	
NM		57,500			2,500
NY	55,000	136,120	0	2,511	
OK					
PA	16,481	61,860	2,438	33,118	
RI					
TN					
TX	9,890	0	60,467	0	
UT	69,156	220,000			
	522,846	691,377	880,295	53,129	4,500

Chicago Insurance Company
Physicians/Surgeons Assistants Professional Liability
Incurred Claim Counts by State

Exhibit 10

TOTAL

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AZ	1				
CA		1		2	
CO					
CT			1		
FL	4	3	3		
IL					
KS	3	1	1		1
MA			1		
MD			1		1
MI				1	
NM		1			1
NY	3	5	2	1	
OK					
PA	2	3	1	1	
RI					
TN					
TX	1	1	3	2	
UT	3	1			
	17	16	13	7	3

Chicago Insurance Company
Physicians/Surgeons Assistants Professional Liability
Paid Indemnity by State

Exhibit 11

TOTAL

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AZ	0				
CA		105,000		0	
CO					
CT			0		
FL	250,000	0	0		
IL					
KS	12,500	0	0		0
MA			0		
MD			0		0
MI				0	
NM		0			0
NY	0	0	0	0	
OK					
PA	0	0	0	0	
RI					
TN					
TX	0	0	55,000	0	
UT	47,500	0			
	310,000	105,000	55,000	0	0

Chicago Insurance Company
Physicians/Surgeons Assistants Professional Liability
Paid ALAE by State

Exhibit 12

TOTAL

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AZ	3,748				
CA		61,218		32	
CO					
CT			5,000		
FL	45,575	9,678	7,739		
IL					
KS	34,159	0	0		0
MA			1,852		
MD			7,682		0
MI				0	
NM		0			0
NY	13,030	47,350	0	0	
OK					
PA	16,481	6,742	2,438	1,882	
RI					
TN					
TX	9,890	0	5,467	0	
UT	21,656	0			
	144,539	124,989	30,177	1,914	0

Physical Therapists

- **Allied Health Purchasing Group**
- **Health Care Professionals Purchasing Group**

Chicago Insurance Company
Rate Filing
Effective June 1, 2005
Actuarial Memorandum
Physical Therapists Professional Liability

Please find attached actuarial support for the rate changes outlined in the accompanying filing memorandum. We have attached a set of supporting actuarial exhibits.

We are introducing a 15% surcharge for our Group Owners and Group Non-Owners classes. The overall rate effect of this change is an increase of 11.1% versus our overall indicated rate increase of 118.7%. Our rate indications are developed on the attached exhibits. This filing pertains to the following Risk Purchasing Groups.

- **Allied Health Purchasing Group**
- **Health Care Professionals Purchasing Group**

Our overall indication and indications by class (where applicable) are developed on the attached exhibits. The exhibits provide the detailed backup for the various factors used to develop the overall and class indications. In general, our individual state experience lacks sufficient credibility to develop indications at the state level so our analysis is predicated on countrywide data.

Also with this filing, we will be introducing a \$50 charge for vicarious liability from independent contractors. The vicarious liability exposure exists when independent contractors do work on behalf of Physical Therapists. This is not a new exposure but one for which we have not charged for previously.

Exhibit 1
Chicago Insurance Company
Physical Therapists Professional Liability

Ratemaking Calculations - Countrywide

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
Accident Year	Earned Premium	On-Level Factors	On-Level Earned Premium	@12/31/04 Paid Loss and ALAE	@12/31/04 Case Reserves	@12/31/04 Reported Loss and ALAE	@12/31/04 Claim Counts
2000	6,053,781	1.446	8,751,877	2,154,417	1,028,510	3,182,927	150
2001	5,869,693	1.456	8,548,417	3,278,067	1,465,637	4,743,703	157
2002	5,848,585	1.466	8,571,665	2,466,102	1,987,797	4,453,899	127
2003	5,685,870	1.478	8,403,122	424,864	907,563	1,332,427	105
2004	5,601,249	1.314	7,359,370	18,743	507,692	526,435	48
Total	29,059,177		41,634,452	8,342,192	5,897,198	14,239,391	587

	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Accident Year	Projected Ultimate Losses Paid Link Ratio	Reported Link Ratio	Selected Ultimate Losses	Trend Factors	Trended Selected Ultimate Losses	Ultimate Loss Ratio	Weight
2000	2,756,994	3,271,974	3,014,484	2.079	6,268,603	71.6%	10.0%
2001	6,381,541	6,355,011	6,368,276	1.837	11,698,454	136.8%	10.0%
2002	8,310,181	7,261,487	7,785,834	1.623	12,638,851	147.4%	20.0%
2003	5,014,649	4,297,369	4,656,009	1.434	6,679,011	79.5%	25.0%
2004	3,090,028	7,421,399	5,255,713	1.268	6,662,326	90.5%	35.0%
Total	25,553,392	28,607,240	27,080,316		43,947,246	105.6%	100.0%

(15) Experience Loss and ALAE Ratio	101.9%
(16) Credibility	92.7%
(17) Complement of Credibility	52.6%
(18) Credibility Weighted Experience Loss and LAE Ratio	98.3%
(19) Permissible Loss and ALAE Ratio	46.5%
(20) Indicated Rate Change	111.5%
(21) Selected Rate Change	11.1%

Notes

- | | |
|---|--|
| (1) From Exhibit 8 | (13) = (12) / (3) |
| (2) Based on historical rate changes; see Exhibit 2. | (14) Selected Judgmentally |
| (3) = (1) x (2) | (15) = Sumproduct [(13), (14)] |
| (4)-(7) From Exhibit 3 | (16) = Minimum {1.00, [(7) Total / 683]1/2} |
| (8)-(9) Based on loss development factors from Exhibit 3. | (17) = (19) * Product of frequency and severity trends shown on Exhibit 4. |
| (10) Selected judgmentally based on (8) and (9) | (18) = (15) x (16) + (17) x [1.00 - (16)] |
| (11) From Exhibit 4. | (19) See Exhibit 5. |
| (12) = (10) x (11) | (20) = (18) / (19) - 1 |
| | (21) Selected rate change see Exhibit 1A. |

Exhibit 1A
Chicago Insurance Company
Physical Therapists Professional Liability
Premium and Loss Experience Evaluated December 31, 2004

Group Owners & Group Non-Owners													
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	
On-Level	Incurred	Ultimate	Trended	On-Level	Current	Indicated	Selected	Rate					
Accident	Earned	On-Level	Earned	Loss	Trend	Loss Development	Trended	On-Level	Current	Indicated	Selected	Rate	
Year	Premium	Factors	Premium	& ALAE	Factors	Factors	Loss & ALAE	Loss Ratio	Relativity	Relativity	Relativity	Change	
2000	\$5,140,522	1.413	\$7,262,401	\$2,900,161	2.079	1.028	\$6,199,591	85.37%					
2001	3,861,293	1.545	5,965,716	3,967,608	1.837	1.340	9,764,143	163.67%					
2002	3,989,481	1.552	6,192,114	2,608,471	1.623	1.630	6,903,571	111.49%					
2003	3,960,601	1.560	6,179,722	1,136,471	1.434	3.225	5,257,943	85.08%					
2004	3,905,570	1.367	5,338,260	415,835	1.268	14.097	7,431,154	139.21%					
Total	\$20,857,468		\$30,938,213	\$11,028,546			\$35,556,403	114.9%	1.000	1.196	1.150	15.0%	
Remaining Classes													
2000	\$913,258	1.631	\$1,489,476	\$282,766	2.079	1.028	\$604,461	40.58%					
2001	2,008,400	1.286	2,582,701	776,095	1.837	1.340	1,909,944	73.95%					
2002	1,859,104	1.280	2,379,552	1,845,427	1.623	1.630	4,884,102	205.25%					
2003	1,725,269	1.289	2,223,400	195,956	1.434	3.225	906,601	40.78%					
2004	1,695,679	1.192	2,021,110	110,600	1.268	14.097	1,976,471	97.79%					
Total	\$8,201,709		\$10,696,239	\$3,210,845			\$10,281,578	96.1%	1.000	1.000	1.000	0.0%	

**Physical Therapists Professional Liability
Evaluated December 31, 2004**

Calculation of Premium On-Level Factors

Accident Year	Average Rate Level	Factor to		On-Level	
		Current Rate Level	Current Rate Level	Gross Earned Premium	Gross Earned Premium
1996	1.0000		2.0957	3,305,858	6,928,235
1997	1.0000		2.0957	3,070,178	6,434,311
1998	1.0063		2.0825	2,695,358	5,613,188
1999	1.1446		1.8310	2,634,613	4,824,025
2000	1.2010		1.7450	2,714,655	4,737,074
2001	1.2010		1.7450	2,764,360	4,823,808
2002	1.2010		1.7450	2,896,397	5,054,213
2003	1.2010		1.7450	2,921,500	5,098,017
2004	1.4526		1.4427	3,189,048	4,600,864

Overall
Effective

Program Group Non-Owners	Date	Rate Change	Rate Level	Rate Change		1996	1997	1998	1999	2000	2001	2002	2003	2004
				Rate Change	Rate Level									
	10/1/1998	20.10%	1.0000	1.0000	1.0000	1.0000	1.0000	0.96875	0.2813	1.0000	1.0000	1.0000	1.0000	0.7188
	02/15/04	74.50%	1.2010	1.2010	1.2010			0.0313	0.7188					0.2813
			1.7450	2.0957										
Average Rate Level:				1.0000	1.0000	1.0000	1.0000	1.0063	1.1446	1.2010	1.2010	1.2010	1.2010	1.4526

**Physical Therapists Professional Liability
Evaluated December 31, 2004**

Calculation of Premium On-Level Factors

Accident Year	Average Rate Level	Current Rate Level	Factor to		On-Level	
			Current Rate Level	Gross Earned Premium	Gross Earned Premium	Gross Earned Premium
1996	1.0000		1.2010	335,108	402,465	
1997	1.0000		1.2010	881,127	1,058,234	
1998	1.0063		1.1934	1,548,233	1,847,711	
1999	1.1446		1.0493	151,725	159,205	
2000	1.2010		1.0000	(1,004,993)	-1,004,993	
2001	1.2010		1.0000	153,441	153,441	
2002	1.2010		1.0000	156,105	156,105	
2003	1.2010		1.0000	116,985	116,985	
2004	1.2010		1.0000	104,221	104,221	

Overall
Effective

Program	Date	Rate Change	Rate Level	1996	1997	1998	1999	2000	2001	2002	2003	2004
Self-Employed Full Time	10/1/1998	20.10%	1.0000	1.0000	1.0000	0.96875	0.2813	1.0000	1.0000	1.0000	1.0000	1.0000
			1.2010	1.2010		0.0313	0.7188					

Average Rate Level: 1.0000 1.0000 1.0063 1.1446 1.2010 1.2010 1.2010 1.2010

**Physical Therapists Professional Liability
Evaluated December 31, 2004**

Calculation of Premium On-Level Factors

Program <u>General Liability</u>	Date	Rate Change	Rate Level	Average Rate Level	Factor to		On-Level	
					Current Rate Level	Gross Earned Premium	Gross Earned Premium	Gross Earned Premium
	10/1/1998	20.10%	1.0000 1.2010	1.0000 1.2010	1.0000 1.2010	1.0000 1.2010	1.0000 1.2010	1.0000 1.2010
Overall Effective								
	10/1/1998	20.10%	1.0000 1.2010	1.0000 1.2010	1.0000 1.2010	1.0000 1.2010	1.0000 1.2010	1.0000 1.2010
Average Rate Level:								

Exhibit 3, Sheet 1
Chicago Insurance Company
Physical Therapists Professional Liability

Paid Loss Development Factors by Accident Year

Accident Year	Paid Losses and ALAE												
	Evaluation Age in Months												
	24	36	48	60	72	84	96	108	120	132	144	156	168
1991	6,248	6,508	49,563	76,561	89,488	89,488	89,488	89,488	89,488	89,488	89,488	89,488	89,488
1992	24,906	39,864	116,061	179,046	384,660	555,653	619,975	621,397	621,397	621,397	621,397	621,397	621,397
1993	6,000	20,251	107,001	229,071	289,056	305,047	305,047	305,047	305,047	305,047	305,047	305,047	305,047
1994	13,112	536,456	2,035,949	3,068,321	4,076,552	4,397,247	4,801,057	4,932,221	4,970,454	5,014,896	5,018,772		
1995	69,201	765,114	2,266,364	4,105,464	5,560,597	6,232,378	6,442,695	6,582,715	6,999,964	7,028,687			
1996	58,864	841,086	2,954,195	5,265,983	6,341,500	7,716,691	8,319,718	8,517,713	8,578,361				
1997	25,963	428,797	1,491,144	2,515,852	6,061,128	7,373,827	8,043,703	8,091,219					
1998	90,125	460,082	1,625,829	2,894,553	4,580,081	5,426,479	6,218,553						
1999	37,904	362,338	1,195,719	1,784,825	2,936,774	3,413,069							
2000	19,656	292,980	898,381	1,948,901	2,154,417								
2001	50,687	1,549,905	2,075,466	3,278,067									
2002	105,389	2,003,568	2,466,102										
2003	31,156	424,864											
2004	18,743												

Accident Year	Age-to-Age Factors													
	Evaluation Age in Months													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 to Ult
1991	1.042	7.616	1.545	1.169	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1992	1.601	2.911	1.543	2.148	1.445	1.116	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1993	3.375	5.284	2.141	1.262	1.055	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1994	40.912	3.795	1.507	1.329	1.079	1.092	1.027	1.008	1.009	1.001				
1995	11.056	2.962	1.811	1.354	1.121	1.034	1.022	1.063	1.004					
1996	14.289	3.512	1.783	1.204	1.217	1.078	1.024	1.007						
1997	16.516	3.478	1.687	2.409	1.217	1.091	1.006							
1998	5.105	3.534	1.780	1.582	1.185	1.146								
1999	9.559	3.300	1.493	1.645	1.162									
2000	14.905	3.066	2.169	1.105										
2001	30.578	1.339	1.579											
2002	19.011	1.231												
2003	13.637													

Average Type	Average Development													
	Evaluation Age in Months													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 to Ult
All Years	13.968	3.502	1.731	1.521	1.164	1.070	1.012	1.013	1.003	1.000	1.000	1.000	1.000	
Latest 3	21.075	1.879	1.747	1.444	1.188	1.105	1.017	1.026	1.004	1.000	1.000	1.000	1.000	
All Years - Ex. Hi-Lo	12.694	3.318	1.708	1.462	1.148	1.068	1.011	1.004	1.001	1.000	1.000	1.000	1.000	
Wtd. Avg.	14.339	2.365	1.711	1.472	1.171	1.085	1.018	1.025	1.006	1.001	1.000	1.000	1.000	
Wtd. Last 3	21.248	1.414	1.682	1.459	1.194	1.101	1.017	1.026	1.006	1.001	1.000	1.000	1.000	
1994 to Present - Ex. Hi-Lo	14.653	2.939	1.707	1.477	1.201	1.091								

Selected Loss Development Factors

Age-to-Age														
Age-to-Ult	164.865	11.803	3.370	1.947	1.280	1.099	1.028	1.016	1.003	1.000	1.000	1.000	1.000	1.000

Exhibit 3, Sheet 2
Chicago Insurance Company
Physical Therapists Professional Liability

Incurred Loss Development Factors by Accident Year

Accident Year	Incurred Losses and ALAE													
	Evaluation Age in Months													
	12	24	36	48	60	72	84	96	108	120	132	144	156	168
1991	8,748	39,008	104,368	85,357	89,488	89,488	89,488	89,488	89,488	89,488	89,488	89,488	89,488	89,488
1992	49,250	63,873	185,609	295,039	575,498	590,076	619,975	621,397	621,397	621,397	621,397	621,397	621,397	621,397
1993	14,509	84,018	226,828	323,877	333,008	305,047	305,047	305,047	305,047	305,047	305,047	305,047	305,047	305,047
1994	204,350	2,527,020	4,236,607	4,422,555	5,538,095	5,266,731	5,435,222	5,055,734	5,035,441	5,083,976	5,082,866			
1995	862,138	2,775,589	4,425,105	5,951,046	6,587,943	6,962,268	6,865,612	6,860,263	7,160,749	7,162,310				
1996	981,895	2,665,518	6,378,775	6,770,035	7,890,673	8,255,180	8,820,126	8,836,630	8,771,340					
1997	401,099	1,826,604	3,300,425	4,646,569	7,807,221	8,258,420	8,195,534	8,199,172						
1998	384,395	1,839,192	3,985,140	5,046,779	6,343,483	6,380,123	6,503,904							
1999	730,197	1,708,935	2,355,745	2,914,918	3,852,309	3,998,104								
2000	585,207	1,572,536	2,646,506	2,605,569	3,182,927									
2001	781,698	3,240,629	3,946,153	4,743,703										
2002	664,860	2,880,856	4,453,899											
2003	322,219	1,332,427												
2004	526,435													

Accident Year	Age-to-Age Factors													
	Evaluation Age in Months													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 to UH
1991	4.459	2.676	0.818	1.048	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1992	1.297	2.906	1.590	1.951	1.025	1.051	1.002	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1993	5.791	2.700	1.428	1.028	0.916	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1994	12.366	1.677	1.044	1.252	0.951	1.032	0.930	0.996	1.010	1.000				
1995	3.219	1.594	1.345	1.107	1.057	0.986	0.999	1.044	1.000					
1996	2.715	2.393	1.061	1.166	1.046	1.068	1.002	0.993						
1997	4.554	1.807	1.408	1.680	1.058	0.992	1.000							
1998	4.785	2.167	1.266	1.257	1.006	1.019								
1999	2.340	1.378	1.237	1.322	1.038									
2000	2.687	1.683	0.985	1.222										
2001	4.146	1.218	1.202											
2002	4.333	1.546												
2003	4.135													

Average Type	Average Development													
	Evaluation Age in Months													
	12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 to UH
All Years	4.371	1.979	1.217	1.303	1.011	1.019	0.991	1.005	1.002	1.000	1.000	1.000	1.000	1.000
Latest 3	4.205	1.482	1.141	1.267	1.034	1.027	1.001	1.011	1.003	1.000	1.000	1.000	1.000	1.000
Ex. Hi-Lo	3.924	1.962	1.220	1.257	1.018	1.016	1.000	0.999	1.000	1.000	1.000	1.000	1.000	1.000
Wtd. Avg.	3.765	1.708	1.189	1.276	1.028	1.020	0.988	1.010	1.004	1.000	1.000	1.000	1.000	1.000
Wtd. Last 3	4.214	1.436	1.147	1.266	1.035	1.027	1.001	1.010	1.004	1.000	1.000	1.000	1.000	1.000
1994 to Present - Ex. Hi-Lo	3.762	1.716	1.192	1.267	1.042	1.019								

Selected Loss Development Factors

Age-to-Age	Age-to-UH
14.097	1.000

Exhibit 4
Chicago Insurance Company
Physical Therapists Professional Liability
Loss and ALAE Trend

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
Accident Year	Paid Loss & ALAE	Incurred Loss & ALAE	Paid Development Factor	Incurred Development Factor	Indicated Ultimate From Paid Development	Indicated Ultimate From Incurred Development	Selected Ultimate Loss & ALAE	Reported Claim Count	Claim Emergence Factor	Ultimate Claim Count	Ultimate Severity	Earned Premium	Premium Factor On Current Level	On Level Earned Premium	Exposure Adjusted Frequency
1991	89,488	89,488	1,000	1,000	89,488	89,488	89,488	24	1,000	24	3,729	8,330,786	1,805	15,040,450	19.75
1992	621,397	621,397	1,000	1,000	621,397	621,397	621,397	33	1,000	33	18,830	8,063,036	1,700	13,706,580	14.96
1993	305,047	305,047	1,000	1,000	305,047	305,047	305,047	23	1,000	23	13,283	7,215,697	1,635	11,794,507	15.43
1994	5,018,772	5,082,866	1,000	1,000	5,018,772	5,082,866	5,080,819	274	1,000	274	18,434	8,330,786	1,805	15,040,450	19.75
1995	7,028,687	7,182,310	1,000	1,000	7,030,045	7,181,919	7,085,982	330	1,000	330	21,503	8,063,036	1,700	13,706,580	14.96
1996	8,578,361	8,771,340	1,003	1,002	8,602,403	8,788,152	8,685,277	297	1,000	287	28,277	7,215,697	1,635	11,794,507	15.43
1997	8,091,219	8,199,172	1,016	1,007	8,219,725	8,259,245	8,239,485	205	1,006	205	40,193	6,794,361	1,460	9,919,221	17.94
1998	6,218,553	6,503,904	1,028	0.998	6,390,464	6,487,689	6,439,076	181	1,006	192	35,380	6,794,361	1,460	9,919,221	17.94
1999	3,413,069	3,998,104	1,099	1,017	3,752,613	4,064,424	3,908,519	175	1,009	177	22,082	6,053,781	1,446	8,751,877	17.37
2000	2,154,417	3,182,927	1,280	1,028	2,756,984	3,271,974	3,014,484	150	1,012	152	19,832	5,686,693	1,456	8,548,417	18.83
2001	3,278,067	4,743,703	1,947	1,340	6,361,541	6,355,011	6,368,276	157	1,028	161	39,555	5,686,693	1,456	8,548,417	18.83
2002	2,466,102	4,453,999	3,370	1,630	8,310,181	7,261,487	7,785,534	127	1,137	144	54,068	5,686,693	1,478	8,571,665	16.80
2003	424,864	1,332,427	11,803	3,225	5,014,649	4,287,369	4,656,009	105	1,490	156	29,846	5,686,693	1,478	8,571,665	16.80
2004	18,743	526,435	164,865	14,097	3,090,028	7,421,399	5,285,713	48	3,134	150	36,038	5,601,249	1,314	7,359,370	20.36

All Years Fitted Trend	11.8%	1.7%
Selected	11.5%	1.5%

Accident Year	Annual Trend	Months of Experience	Average Accident Date of Effective Period	Trend Factor	Trend
1999	1,132	7/2/1999	6/1/2006	6.92	2,353
2000	1,132	7/1/2000	6/1/2006	5.92	2,079
2001	1,132	7/2/2001	6/1/2006	4.91	1,837
2002	1,132	7/2/2002	6/1/2006	3.92	1,623
2003	1,132	7/2/2003	6/1/2006	2.92	1,434
2004	1,132	7/1/2004		1.92	1,266
Total Trend					13.2%

Exhibit 5
Chicago Insurance Company
Physical Therapists Professional Liability

Projected Expenses

	2001	2002	2003	Projected at Current Rates
(1) Direct Written Premium	135,032	132,930	110,140	
(2) Direct Earned Premium	113,824	144,251	115,303	
Expense Category:				
(3) Commissions	29,898 22.1%	24,403 18.4%	20,888 19.0%	19.8%
(4) Other Acquisitions	3,449 2.6%	4,804 3.6%	3,730 3.4%	3.2%
(5) General	8,047 6.0%	11,208 8.4%	8,703 7.9%	7.4%
(6) Taxes, Licenses, and Fees	2,897 2.1%	4,013 3.0%	2,851 2.6%	2.6%
(7) Subtotal	44,291 32.3%	44,428 33.4%	36,172 32.8%	33.0%
(8) Unallocated Loss Adjustment Expenses	3,939 2.9%	-1,372 -1.0%	-2,879 -2.6%	2.9%
(9) Profit Load				

(10) Total Expenses

53.5%

(11) Permissible Loss and Allocated Loss Adjustment Expense Ratio

46.5%

Notes:

Based on IEE for Medical Malpractice using Chicago Insurance Company data.

(11) = 1.00 - (10)

Exhibit 6
Chicago Insurance Company
Physical Therapists Professional Liability

Calculation of Profit and Contingency Load

	(1)	(2)	(3)	(4)	(5)
	Nominal	Effective		Risk	Present
	Ratio to	Duration	Risk	Adjusted	Value
	Earned	In Years	Adjustment	Yield	Amount
Variable Underwriting Costs					
(a) Commission	19.8%				
(b) Other Acq. & Gen Exp - Variable	0.0%				
(c) TL&F	2.6%				
Fixed Underwriting Costs					
(d) Loss + ALAE	101.9%	4.03	10.64%	-6.64%	1.34
(e) Other Acq. & Gen Exp - Fixed	10.6%	0.20	0.00%	4.00%	0.11
(f) ULAE	2.9%	4.03	0.00%	4.00%	0.02
(g) Required Premium at Target ROE	192.3%		0.00%	4.00%	190.07%
(h) Nominal Loss and Expense	158.5%				
(i) Underwriting Profit Provision	17.6%				

Assumptions:

Unadjusted Capital Ratio = CR (from FFIC EVA Model)
Loss Beta = Beta (from FFIC EVA Model)
RS = Reserves/Surplus Ratio (from FFIC EVA model)
AT ROE = After Tax Target ROE
NY = Normalized Yield (Est. Portfolio Yield)
DY = Discounted Yield (Risk Free Yield)
T = Tax Rate
RA = Risk Adjustment = (AT ROE/(1-T) - NY)/(RS)
RAY = Risk Adjusted Yield = NY-RA
10.64%
-6.64%

Notes:

(1a), (1b) and (1c) equals Selected Variable Expense Provisions from Sheet 9.
(1d) = Selected Ultimate Loss and ALAE Ratio from Sheet 2.
(1e) and (1f) = Selected Fixed Expense Provisions from Sheet 9.
(1g) = (5g) x [1 + (4g)] ^ (2g).
(1h) = [Sum of (1a), (1b) and (1c)] x (1g) + [Sum of (1d), (1e) and (1f)].
(1i) = 1.0 - [(1h) / (1g)].
(2) selected duration of the corresponding payment. (2d) and (2f) based on the underlying payment pattern.
(3d) based on risk adjustment calculation in assumptions. All others assumed to be 0.0.
(4) = Normalized Yield - (3).
(5d), (5e) and (5f) = (1) x [1.0 + (4)] ^ -(2).
(5g) = [Sum of (5d), (5e) and (5f)] / [1.0 - Sum of (1a), (1b) and (1c)].

Exhibit 6, Sheet 2
Chicago Insurance Company
Physical Therapists Professional Liability
Statistical Support for the Effective Duration

		Evaluation Age in Months																	
		12 to 24	24 to 36	36 to 48	48 to 60	60 to 72	72 to 84	84 to 96	96 to 108	108 to 120	120 to 132	132 to 144	144 to 156	156 to 168	168 to 180	180 to 192	192 to 204	204 to 216	216 to 228
(1)	Selected Paid LDF	13.968	3.503	1.731	1.521	1.164	1.070	1.012	1.013	1.003	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
(2)	Cumulative Paid LDF	164.865	11.803	3.370	1.947	1.280	1.099	1.028	1.016	1.003	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
(3)	Cumulative % Paid	0.6%	8.5%	29.7%	51.4%	78.1%	91.0%	97.3%	98.4%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
(4)	Cumulative % Unpaid	99.4%	91.5%	70.3%	48.6%	21.9%	9.0%	2.7%	1.6%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(5)	Incr. % Paid	0.6%	7.9%	21.2%	21.7%	26.8%	12.8%	6.4%	1.1%	1.3%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
(6)	Ult. Loss	100																	
(7)	Amount Paid	0.61	7.87	21.20	21.69	26.78	12.81	6.36	1.13	1.28	0.26	0.02	-	-	-	-	-	-	-
(8)	Annual Int Rate	-6.64%																	
(9)	Pay Lag	0.50	1.50	2.50	3.50	4.50	5.50	6.50	7.50	8.50	9.50	10.50	11.50	12.50	13.50	14.50	15.50	16.50	17.50
(10)	PV Paid	0.63	8.72	25.18	27.59	36.48	18.69	9.94	1.89	2.30	0.50	0.04	-	-	-	-	-	-	-
(11)	All Forms Duration	4.03																	

Notes:
(1), (2) From Exhibit 3
(3) = 1 / (2)
(4) = 1 - (3)
(5) = The current evaluation age value of (3) - The previous evaluation age value of (3).
(7) = (6) x (3)
(8) From Exhibit 6, Sheet 1
(10) = (7) / [1 + (8) ^ (9)]
(11) = ln [(6) / sum of (10)] / ln [1 + (8)]

Chicago Insurance Company
Physical Therapists
Written Premium by Class State

Exhibit 7

TOTAL

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	15,441	10,075	7,621	9,561	9,793	8,198	8,267	8,412	6,215
AL	106,726	43,367	38,043	34,789	33,018	47,859	37,769	38,095	30,976
AR	34,142	40,911	36,783	32,664	31,360	22,862	22,665	16,078	20,454
AZ	106,140	95,275	88,211	72,656	74,996	68,863	64,854	63,256	68,733
CA	1,126,738	1,067,198	970,686	940,771	883,108	888,528	913,547	888,686	764,832
CO	112,467	113,670	109,065	91,282	94,301	94,652	100,076	94,722	94,226
CT	157,405	172,435	160,184	153,584	146,637	133,177	136,361	166,769	151,680
DC	10,821	12,047	13,036	10,886	15,259	11,289	12,144	12,711	16,020
DE	38,847	32,239	32,985	26,639	19,254	20,144	16,735	22,005	31,440
FL	454,847	411,179	341,499	362,353	314,086	285,243	316,552	251,112	306,462
GA	151,665	106,999	94,003	93,162	91,264	85,402	81,254	78,884	78,871
HI	24,215	30,347	21,168	34,070	35,064	31,589	34,835	27,968	30,492
IA	49,136	56,965	46,454	39,885	39,658	42,473	33,275	38,391	49,338
ID	22,634	18,232	17,471	11,806	10,882	11,831	11,373	9,188	9,498
IL	299,319	323,064	276,129	304,178	273,578	265,404	285,531	272,943	371,394
IN	75,972	79,450	64,874	74,880	72,142	75,556	69,026	64,889	92,833
KS	143,583	115,947	64,118	63,758	46,923	69,424	56,796	54,281	68,525
KY	104,699	99,175	89,661	84,864	44,740	42,409	40,331	36,440	29,168
LA	136,391	138,618	110,181	105,471	100,086	97,026	97,844	90,862	84,752
MA	309,128	353,386	219,390	276,890	215,647	179,283	186,545	173,979	169,261
MD	162,359	159,092	136,125	122,747	116,468	113,109	107,512	107,538	120,048
ME	32,273	29,278	32,459	33,565	37,371	36,823	33,874	39,081	49,381
MI	274,835	266,266	228,573	233,367	197,648	193,136	180,380	161,138	242,332
MN	72,990	57,102	41,929	50,212	35,537	38,281	35,074	45,413	53,942
MO	148,029	137,984	95,893	108,438	97,257	68,952	69,287	61,399	63,220
MS	24,293	22,561	20,482	24,165	26,679	27,707	24,502	10,708	8,123
MT	16,898	18,177	16,635	18,484	14,884	14,913	12,744	16,346	12,132
NC	92,073	95,142	81,216	85,165	70,071	67,087	46,355	52,731	66,961
ND	23,963	24,314	17,347	2,681	2,605	2,006	1,728	2,180	410
NE	59,578	79,668	66,644	59,251	20,473	32,395	35,636	31,765	30,590
NH	37,889	32,016	30,489	27,445	30,047	28,428	39,611	32,444	35,784
NJ	350,726	296,243	258,491	274,006	273,820	271,734	271,830	267,776	284,680
NM	(17,215)	31,207	25,781	24,523	24,837	23,332	24,740	25,568	28,748
NV	37,860	44,110	37,914	42,039	40,708	42,399	40,123	39,925	30,272
NY	911,937	893,618	834,417	785,649	762,565	818,721	776,297	701,585	608,031
OH	490,919	465,757	405,344	324,986	407,531	331,007	359,986	381,298	552,867
OK	68,642	69,048	49,139	40,919	36,005	37,976	39,164	38,004	39,752
OR	57,349	59,447	50,695	58,313	57,139	54,686	58,664	52,856	51,632
PA	446,305	426,422	313,697	303,661	277,300	288,692	260,216	266,175	294,039
PR	0	0	0	89	0	0	0	0	480
RI	32,914	34,509	28,654	30,529	34,888	41,428	28,814	29,048	33,856
SC	104,565	87,494	51,051	46,937	33,285	33,033	29,909	23,403	15,614
SD	4,369	6,408	4,639	3,085	1,009	1,793	1,837	1,001	2,942
TN	185,652	119,846	196,848	162,914	79,264	68,802	68,993	67,178	69,438
TX	486,209	541,142	310,627	335,626	212,481	249,589	272,224	275,233	261,957
UT	64,961	67,620	67,977	55,964	55,606	38,176	38,173	19,813	22,740
VA	189,252	182,315	155,794	130,374	101,790	128,652	110,738	78,768	102,165
VI	0	0	0	0	0	0	0	0	497
VT	17,347	15,766	12,160	5,300	5,367	10,749	6,476	5,883	7,566
WA	209,718	156,945	153,539	168,375	147,533	155,112	147,143	163,303	153,176
WI	132,333	138,598	127,960	109,285	82,776	70,095	65,411	71,541	76,208
WV	31,892	36,590	37,849	34,701	58,213	42,687	36,569	42,190	39,976
WY	13,469	16,752	16,236	21,942	23,904	24,255	20,916	4,941	4,727
	8,244,701	7,932,016	6,708,166	6,548,885	5,916,857	5,836,966	5,770,706	5,525,900	5,839,456

Chicago Insurance Company
Physical Therapists
Written Premium by Class State

Exhibit 7

EMPLOYED

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	2,157	1,183	1,061	777	866	583	601	476	358
AL	9,587	10,004	9,199	5,173	5,589	5,038	4,196	3,835	3,938
AR	4,491	5,035	4,924	4,541	3,794	3,904	3,135	3,101	3,438
AZ	15,840	15,947	13,856	11,312	10,383	8,852	8,840	7,414	6,664
CA	87,276	90,808	96,324	54,129	54,225	55,694	56,778	50,974	43,516
CO	23,456	21,705	18,169	14,215	10,936	10,594	9,588	9,566	10,486
CT	44,136	46,223	35,776	27,173	23,015	21,593	20,921	19,102	18,953
DC	1,192	994	796	655	476	502	326	326	551
DE	3,110	3,113	1,651	2,230	1,754	1,604	1,428	1,454	1,505
FL	78,236	80,455	62,947	49,467	44,997	41,600	42,071	46,368	42,636
GA	24,894	23,559	17,252	11,961	15,784	13,814	12,080	12,603	12,349
HI	2,013	1,807	1,203	926	776	413	450	150	165
IA	13,590	14,536	9,004	7,613	7,389	7,045	6,560	5,231	4,699
ID	1,373	1,194	1,061	545	662	1,077	1,077	750	465
IL	43,301	47,030	42,736	35,041	31,074	31,017	25,483	22,503	23,413
IN	19,709	19,997	18,886	15,223	14,480	12,117	11,672	9,669	9,543
KS	52,172	85,569	18,214	(12,457)	26,790	27,245	25,010	20,581	17,836
KY	14,367	13,065	11,799	9,967	8,038	7,228	6,120	5,962	5,175
LA	11,111	10,766	8,452	8,320	8,091	7,058	6,251	6,130	5,554
MA	55,279	53,270	44,544	38,990	34,070	32,100	30,020	26,864	24,335
MD	52,685	48,866	42,597	31,901	30,006	28,799	27,205	25,077	22,566
ME	7,423	7,593	7,100	4,825	5,593	4,526	4,274	3,918	3,127
MI	30,917	29,935	29,069	23,314	19,626	18,617	16,362	14,241	15,766
MN	10,577	14,263	6,768	3,869	6,206	6,673	5,507	4,169	4,085
MO	32,604	46,283	15,891	22,518	15,587	14,254	11,547	12,923	11,866
MS	11,038	10,797	8,965	8,483	8,058	7,168	6,944	6,390	5,507
MT	2,092	2,189	1,414	1,486	1,128	776	900	605	630
NC	27,645	27,967	21,397	17,486	17,505	15,694	15,378	12,002	12,375
ND	2,017	1,621	1,323	1,401	1,051	575	450	600	495
NE	5,122	4,228	6,876	3,372	3,035	2,644	2,380	2,354	1,907
NH	12,293	12,604	12,712	6,481	6,129	5,228	5,056	4,284	4,082
NJ	59,070	65,522	49,485	52,705	57,351	42,850	39,962	38,670	39,630
NM	6,245	5,683	5,015	4,257	3,313	3,758	3,318	3,355	2,203
NV	3,949	4,013	2,751	2,528	2,724	3,327	3,202	2,556	3,428
NY	102,466	114,416	107,760	111,072	96,294	78,705	76,844	64,982	59,426
OH	82,969	114,769	59,559	55,414	51,748	54,071	54,474	56,351	55,914
OK	17,081	14,262	12,591	10,888	9,743	9,522	9,007	7,540	7,924
OR	6,456	6,688	8,333	1,541	3,332	3,407	3,934	3,182	3,582
PA	63,676	82,483	48,082	36,880	44,282	41,871	37,448	34,180	33,966
PR									
RI	9,313	8,785	8,427	8,084	7,364	7,658	7,887	6,638	6,122
SC	8,044	9,568	26,878	5,580	4,981	5,036	4,176	4,160	3,773
SD	1,356	1,245	1,160	926	201	802	952	678	909
TN	18,704	60,909	14,532	(19,185)	13,348	12,479	11,341	10,108	11,256
TX	54,300	56,435	36,174	25,264	27,170	28,317	31,679	27,358	27,452
UT	2,418	2,085	1,832	1,076	1,076	952	802	300	330
VA	32,947	31,925	21,460	16,008	18,638	16,091	14,840	16,218	16,374
VI									
VT	2,716	2,686	3,321	1,725	1,326	1,351	1,226	999	973
WA	15,477	16,350	12,810	11,634	9,525	7,681	7,227	7,963	6,588
WI	20,604	21,487	18,970	14,582	14,708	13,394	12,067	10,642	10,094
WV	6,455	5,237	3,396	3,395	2,605	2,283	1,752	1,752	2,310
WY	1,086	1,135	396	652	776	1,128	828	678	562
	1,217,037	1,378,287	1,014,898	755,961	787,618	728,714	691,576	637,930	610,802

Chicago Insurance Company
Physical Therapists
Written Premium by Class State

Exhibit 7

GROUP OWNERS

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK									
AL		9,948	2,380	0					
AR		7,532	4,825	15,667	9,707	0			
AZ		4,439	3,338	12,451	18,896	6,224	5,983	5,307	7,023
CA		130,633	176,405	227,615	414,844	184,667	200,591	193,531	135,752
CO		1,272	5,028	7,858	13,629	0			
CT		6,202	21,688	19,210	25,099	5,493	9,495	15,856	15,942
DC									
DE		2,677	3,054	5,239	4,973				
FL		37,181	22,061	78,982	96,369	54,500	61,558	43,535	17,766
GA	1,393	6,333	15,642	31,113	41,989	29,750	26,663	21,427	9,284
HI		2,657	0	15,374	12,663	10,425	10,410	11,243	0
IA		9,459	13,206	16,581	24,893	11,551	12,540	8,854	0
ID		3,491	0	2,464	0				
IL		81,950	50,842	150,394	188,935	110,032	123,496	123,723	80,503
IN		10,213	8,847	26,154	49,495	31,715	31,769	34,444	20,367
KS	5,300	46,997	8,252	50,658	5,532	16,353	504	10,284	8,100
KY		14,724	15,187	44,735	27,872	7,880	8,092	2,228	0
LA	12,011	(1,238)	26,189	26,361	35,211	11,036	7,492	9,968	1,863
MA	691	91,483	36,816	153,629	62,355	20,861	24,796	23,753	(7,570)
MD		9,260	11,524	18,763	13,920	6,855	6,305	6,305	0
ME			106		1,070	8,067	8,538	10,542	175
MI	4,216	32,546	46,225	85,779	82,438	52,850	45,574	44,276	32,733
MN		20,211	7,234	28,277	53,099	16,370	9,991	22,609	14,238
MO		14,060	20,238	37,939	47,584	1,315	0		
MS				5,843	11,086	11,386	10,272	0	
MT				3,240	0				
NC	5,136	9,850	20,295	41,337	23,410	10,241	3,444	5,812	3,880
ND				22,118	19,386				
NE		449	42,926	34,677	52,544				
NH									
NJ	7,062	34,677	8,314	21,400	37,867	24,165	30,336	25,216	4,197
NM									
NV		8,765	6,502	12,511	13,924	6,183	6,720	6,720	0
NY	4,641	31,153	71,255	82,656	104,545	102,082	78,188	46,463	20,381
OH		45,951	136,872	107,490	168,123	90,421	84,610	56,846	8,128
OK		12,129	0						
OR				17,110	5,053	5,438	5,292	5,387	0
PA	3,344	44,257	45,991	81,160	88,094	60,438	53,146	63,347	25,418
PR									
RI			4,306	8,002	12,008	7,599	7,074	6,783	0
SC		27,404	8,343	23,666	33,756	6,672	5,339	0	
SD									
TN		10,006	27,630	157,043	193,014	28,738	26,530	26,861	12,302
TX		72,339	42,902	93,229	97,748	17,591	19,269	33,823	19,922
UT		23,817	35,777	36,007	50,897	20,686	18,949	0	
VA	3,062	25,355	51,971	48,820	19,103	38,296	16,331	13,868	16,499
VI									
VT		3,152		0					
WA		10,858	23,386	62,126	67,115	51,512	48,992	61,624	9,325
WI		14,787	52,889	63,609	87,394	21,759	19,066	17,835	30,425
WV									
WY			10,823	38,150	16,932	17,175	15,227	0	
	46,856	916,978	1,089,271	2,015,434	2,332,572	1,106,326	1,042,582	958,470	486,653

Chicago Insurance Company
Physical Therapists
Written Premium by Class State

Exhibit 7

GROUP NON-OWNERS

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	9,881	2,913	3,865	5,331	5,476	3,896	4,118	3,922	4,215
AL	23,327	20,085	16,650	21,147	22,140	30,826	18,225	26,861	21,618
AR	13,744	15,301	11,763	10,217	13,999	18,100	17,643	11,651	13,806
AZ	56,714	47,977	45,499	37,936	36,494	40,017	36,615	36,839	34,048
CA	593,444	505,001	443,388	461,653	495,730	489,583	500,391	503,526	440,563
CO	52,438	62,307	50,632	47,276	48,127	60,268	63,905	60,857	69,340
CT	56,269	71,585	52,201	60,798	77,703	77,656	79,200	105,756	82,784
DC	5,137	9,255	10,030	8,893	12,559	8,849	10,286	10,447	13,187
DE	19,466	16,229	15,198	13,267	12,431	13,721	10,212	18,300	28,407
FL	221,135	194,522	137,678	160,104	139,929	137,192	157,531	115,718	193,379
GA	45,022	41,203	37,176	33,005	30,179	31,605	32,063	36,637	47,433
HI	14,909	17,383	10,145	13,383	16,584	17,701	17,564	14,117	27,950
IA	13,871	15,065	14,521	12,421	14,115	22,530	13,031	21,898	30,553
ID	13,852	10,546	8,828	6,064	7,700	9,001	8,878	6,715	8,368
IL	81,391	74,160	74,334	85,200	96,486	86,278	101,761	98,704	232,776
IN	22,761	25,229	15,005	22,308	21,879	24,767	17,282	15,704	55,201
KS	26,598	18,422	25,814	15,004	12,487	14,531	22,017	23,245	25,359
KY	21,424	18,441	20,992	18,401	17,722	15,119	18,679	17,055	17,740
LA	67,570	75,764	66,270	61,283	53,380	64,256	71,296	66,164	71,457
MA	102,407	107,018	90,024	84,944	81,933	74,992	82,922	81,943	124,185
MD	55,926	58,380	53,078	59,072	53,598	51,297	46,883	56,785	67,375
ME	13,452	14,333	13,585	23,992	24,983	22,287	14,319	20,127	22,013
MI	108,924	108,162	91,848	87,368	81,610	92,920	97,798	70,799	142,659
MN	14,363	10,475	7,877	7,882	9,421	11,520	15,668	16,507	29,416
MO	50,690	38,857	32,844	41,699	44,511	46,899	40,964	41,095	29,755
MS	5,551	6,136	5,211	7,254	5,285	6,763	5,754	2,926	983
MT	11,064	11,135	9,820	8,615	7,584	10,055	6,158	14,616	10,034
NC	29,926	32,600	23,045	18,924	24,263	29,446	20,547	29,673	45,457
ND	4,130	1,341	1,079	945	933	1,096	943	1,245	(85)
NE	10,155	12,767	10,292	16,802	21,959	27,196	29,528	25,968	23,216
NH	18,306	16,068	13,996	13,928	18,230	15,431	26,321	20,785	27,844
NJ	115,422	123,272	109,134	136,282	128,764	142,375	142,374	155,340	167,574
NM	(33,470)	20,225	16,419	16,464	14,427	11,458	18,169	19,657	10,680
NV	22,633	23,989	20,258	22,961	26,889	28,603	27,871	27,116	20,832
NY	416,934	407,344	369,944	358,025	364,831	410,859	414,841	393,821	366,505
OH	167,385	144,938	119,866	130,195	112,056	138,337	149,197	189,059	448,711
OK	27,467	29,829	25,897	22,012	18,413	19,863	22,747	24,012	25,184
OR	32,714	37,525	27,685	31,161	33,545	37,557	39,972	35,932	40,083
PA	176,676	162,417	129,936	135,702	131,595	130,199	122,862	117,137	151,684
PR				89	0				
RI	12,282	12,291	8,438	11,158	14,760	17,366	4,405	9,701	10,021
SC	13,975	11,395	8,677	9,458	16,912	17,744	16,350	17,111	10,926
SD	968	2,829	2,421	908	285	343	323	323	1,553
TN	27,334	25,270	14,575	14,945	18,423	20,102	19,293	16,111	33,363
TX	127,334	145,148	78,714	46,762	86,697	96,601	123,101	139,357	165,137
UT	21,977	19,532	14,211	11,531	12,137	11,803	14,823	16,503	19,392
VA	68,978	56,405	41,412	45,234	56,173	49,547	61,475	37,329	55,412
VI									
VT	8,240	5,651	8,035	2,717	3,183	8,826	4,392	4,312	5,827
WA	84,461	86,933	76,903	77,645	72,986	73,713	72,345	73,367	93,814
WI	33,198	35,192	24,033	24,097	32,180	21,677	25,525	35,548	25,569
WV	21,816	24,615	25,937	21,349	28,417	27,466	26,866	31,138	25,763
WY	4,341	4,371	4,794	5,284	4,904	5,666	4,575	3,977	3,879
	3,134,512	3,037,832	2,539,978	2,589,093	2,687,007	2,825,902	2,900,008	2,923,437	3,622,945

Chicago Insurance Company
Physical Therapists
Written Premium by Class State

Exhibit 7

SELF-EMPLOYED FULL TIME

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	526	526	263	0					
AL	917	845	3,198	420	420	420	150	150	165
AR	540	500	12,407	(0)	1,000	0	694	1,040	1,770
AZ	3,959	11,260	11,087	443	(8,812)	1,440	480	480	736
CA	22,470	207,727	85,839	(409)	(183,830)	3,901	4,619	3,849	6,299
CO	4,517	8,099	9,276	2,328	(3,521)	1,618	1,682	1,042	1,498
CT	11,372	13,156	15,900	6,031	(6,401)	5,769	5,455	6,488	3,840
DC	605	605	480	480	480	480	480	480	480
DE	1,877	4,516	6,475	229	(4,527)	446	446	446	193
FL	15,822	38,534	59,535	7,730	(28,893)	5,422	5,621	8,480	13,264
GA	1,974	14,786	8,426	1,084	(10,384)	755	0		270
HI		3,514	3,735	1,695	1,845	0	1,845		
IA	1,623	17,873	7,824	1,120	(8,741)	176	0		
ID	480	480	4,652	69	1,542	846	846	696	480
IL	10,970	71,842	66,097	(7,752)	(80,177)	2,555	3,127	3,099	5,013
IN	2,224	19,514	14,216	2,209	(18,773)	2,389	570	570	1,162
KS	263	2,681	5,838	1,553	(3,739)	1,553	1,514	870	1,046
KY	3,214	44,824	32,452	(1,148)	(21,519)	150	150	630	1,474
LA	2,725	35,610	(3,206)	(8,727)	(10,137)	980	150	1,006	1,021
MA	4,580	66,770	16,601	(41,908)	512	4,456	7,992	4,150	3,825
MD	4,489	10,239	6,789	(9,530)	(5,908)	7,524	3,032	3,336	2,783
ME	218	1,436	2,699	301	(894)	176	176	176	193
MI	5,593	46,529	19,029	(8,020)	(27,626)	420	150	859	165
MN	263	8,052	15,263	5,062	(34,881)	1,828	1,969	600	600
MO	540	22,931	16,536	(3,350)	(25,692)	150	150	150	165
MS		606	1,547	150	150	150	150	150	165
MT			953	25					
NC	1,910	15,029	4,588	(6,111)	(5,382)	3,644	150	150	0
ND		20,094	14,610	(22,118)	(19,386)				
NE	0	59,012	2,292	0	(62,044)				562
NH	2,476	416	198	2,055	150	150	150	150	165
NJ	14,148	27,861	29,837	2,796	(14,067)	2,482	2,652	2,626	5,232
NM	263	461	125	125	125	0			
NV		2,782	5,823	769	(7,125)	1,253	0		316
NY	17,934	73,161	49,057	10,055	(28,847)	7,878	7,387	6,440	4,946
OH	14,870	129,515	46,561	(12,727)	(84,636)	1,312	1,346	945	2,416
OK	2,250	1,972	1,769	485	1,156	1,190	570	300	448
OR	699	3,655	4,894	(1,355)	3,154	0	3,914		600
PA	13,046	73,430	21,591	(10,998)	(38,901)	5,975	150	2,642	2,562
PR									480
RI	2,511	6,856	3,683	480	(3,816)	1,296	3,074	2,881	1,418
SC	638	36,869	3,585	395	(29,497)	420	420	420	915
SD		418	0				562		480
TN	1,195	25,653	134,045	573	(152,052)	2,031	1,076	1,424	1,483
TX	123,995	269,918	132,487	147,966	(28,058)	71,943	58,509	44,211	26,267
UT	480	25,064	11,389	1,920	(12,602)	600	600	1,162	1,162
VA	4,551	55,909	28,997	4,142	(1,643)	2,893	9,894	1,740	1,471
VI									
VT		3,264	0	0					
WA	2,190	22,191	20,364	(654)	(22,044)	2,391	1,253	1,150	1,726
WI	1,819	51,892	17,909	475	(58,710)	7,813	1,050	450	165
WV	260	(49)	263	546	19,626	6,045	0	0	540
WY		10,239	223	(22,429)					
	306,996	1,569,065	958,201	46,475	(1,023,105)	162,920	134,205	105,437	99,961

Chicago Insurance Company
Physical Therapists
Written Premium by Class State

Exhibit 7

SELF-EMPLOYED PART TIME

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	2,877	5,453	2,431	3,452	3,451	3,719	3,548	4,014	1,642
AL	72,895	2,485	6,616	8,049	4,869	10,847	11,525	6,581	5,255
AR	15,367	12,543	2,865	2,239	2,860	858	1,193	286	1,440
AZ	29,626	15,652	14,432	10,514	18,035	12,331	12,936	12,966	20,262
CA	423,398	132,661	168,731	197,783	102,139	154,463	151,168	136,587	138,702
CO	32,055	20,288	25,960	19,606	25,130	22,172	24,901	23,257	12,902
CT	45,378	35,249	34,609	40,373	27,221	22,526	20,728	19,567	30,161
DC	3,887	1,193	1,729	858	1,744	1,458	1,052	1,458	1,802
DE	14,394	5,705	6,606	5,673	4,623	4,373	4,649	1,805	1,335
FL	139,467	60,476	59,266	64,070	61,188	46,409	49,651	37,011	39,417
GA	78,381	21,118	15,508	15,999	13,696	9,478	10,448	8,217	9,535
HI	7,293	4,987	6,085	2,692	3,196	3,050	4,566	2,458	2,377
IA	19,936	31	1,898	2,150	2,002	1,171	1,144	2,408	14,086
ID	6,929	2,521	2,930	2,664	978	907	572	1,027	185
IL	163,475	48,082	42,120	41,296	37,260	35,522	31,664	24,914	29,689
IN	31,129	4,348	7,919	8,865	5,061	4,568	7,733	4,502	6,560
KS	59,067	(37,905)	5,818	9,000	5,853	9,742	7,751	(699)	16,184
KY	65,694	8,121	9,230	12,909	12,627	12,032	7,290	10,565	4,779
LA	42,939	17,716	12,476	18,234	13,541	13,696	12,655	7,474	4,857
MA	145,875	34,409	31,360	41,184	36,777	46,874	40,645	36,918	24,161
MD	49,259	32,348	22,137	22,540	24,852	18,634	24,087	16,035	27,324
ME	11,180	5,916	8,969	4,447	6,619	1,767	6,567	4,318	23,873
MI	125,185	49,095	42,403	44,926	41,600	28,328	20,496	30,963	51,009
MN	47,787	4,100	4,787	5,121	1,692	1,890	1,939	1,528	5,603
MO	64,195	15,854	10,383	9,191	7,565	6,334	16,626	7,231	21,434
MS	7,704	5,022	4,758	2,435	2,100	2,240	1,382	1,242	1,468
MT	3,743	4,853	4,448	5,118	6,172	4,082	5,686	1,125	1,468
NC	27,456	9,697	11,890	13,528	10,275	7,892	6,836	5,094	5,249
ND	17,816	1,258	335	335	621	335	335	335	0
NE	44,301	3,201	4,258	4,401	4,979	2,555	3,728	3,443	4,905
NH	4,815	2,928	3,583	4,981	5,538	7,619	7,964	7,225	3,421
NJ	155,024	44,910	61,722	60,824	63,905	59,861	56,366	45,924	68,047
NM	9,735	4,837	4,222	3,677	6,972	8,116	3,253	2,556	15,865
NV	11,278	4,562	2,581	3,270	4,296	3,033	2,330	3,533	5,696
NY	369,635	267,424	236,375	223,815	225,180	218,424	198,916	189,589	156,773
OH	225,398	30,583	42,486	44,615	160,240	46,866	70,359	78,097	37,698
OK	21,844	10,856	8,881	7,534	6,693	7,401	6,840	6,152	6,196
OR	17,481	11,579	9,782	9,856	12,055	8,284	5,552	8,355	7,367
PA	189,563	63,836	68,097	60,917	52,230	50,069	46,610	48,729	80,408
PR									
RI	8,808	6,577	3,800	2,805	4,402	4,980	6,034	2,705	14,530
SC	81,831	2,258	3,569	7,718	7,133	3,161	3,524	1,712	0
SD	2,045	1,916	1,058	1,251	523	648	0		
TN	138,419	(1,992)	6,065	9,538	6,531	5,452	10,753	12,674	11,034
TX	153,117	(13,181)	12,853	15,558	14,439	15,236	19,135	22,247	19,914
UT	40,085	(2,877)	4,769	5,430	4,098	4,135	2,999	1,848	1,856
VA	79,714	12,721	11,955	15,970	8,327	21,367	7,940	9,413	12,409
VI									497
VT	6,259	1,144	805	858	858	572	858	572	766
WA	107,443	20,614	20,076	17,625	19,951	19,816	17,326	19,198	41,723
WI	76,412	14,722	14,159	6,402	7,204	5,352	7,466	6,946	9,955
WV	3,361	6,787	8,254	9,411	7,565	6,893	7,951	9,080	11,363
WY	8,041	1,006	0	286	1,292	286	286	286	286
	3,508,995	1,017,684	1,098,048	1,131,993	1,108,158	987,825	975,964	889,470	1,013,468

Chicago Insurance Company
Physical Therapists
Written Premium by Class State

Exhibit 7

GENERAL LIABILITY

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	0								
AL						728	3,673	668	0
AR									
AZ	0							250	
CA	150	368	0			220	0	220	
CO	0								
CT	250	22	10	0		140	562	0	
DC									
DE									
FL	188	11	11	2,000	496	120	120	0	
GA									
HI		0	0						
IA	116	0							
ID									
IL	182	0							
IN	150	150	0	120			0	0	
KS	182	182	182						
KY									
LA	36							120	0
MA	296	435	45	52			170	351	325
MD									
ME	0								
MI									
MN									
MO				442	7,702	0			
MS									
MT									
NC						170	0		
ND									
NE		11	0						
NH							120	0	272
NJ							140	0	
NM	13								
NV									
NY	327	120	26	26	562	774	120	290	0
OH	296	0							
OK									
OR									
PA						140	0	140	
PR									
RI					170	2,529	340	340	1,765
SC	77			120	0		100	0	
SD									
TN									
TX	27,463	10,483	7,497	6,848	14,485	19,900	20,532	8,237	3,265
UT									
VA	0			200	1,192	458	258	200	
VI									
VT	132	(131)							
WA	147								
WI	300	518	0	120		100	237	120	0
WV								220	
WY									
	30,305	12,169	7,771	9,928	24,607	25,279	26,372	11,156	5,627

Chicago Insurance Company
Physical Therapists
Earned Premium by Class State

Exhibit 8

TOTAL

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	15,893	13,798	7,642	9,364	10,096	8,533	8,247	8,329	7,100
AL	108,445	62,673	41,720	34,865	35,310	40,019	43,539	40,033	27,961
AR	31,754	40,451	38,292	36,118	31,262	23,969	21,373	19,470	17,802
AZ	108,184	100,177	89,860	78,242	75,869	68,692	66,009	64,379	70,994
CA	1,136,606	1,084,920	998,497	989,672	896,897	876,544	915,632	914,553	823,377
CO	124,969	105,905	107,362	102,945	98,863	97,168	100,118	97,667	90,941
CT	179,003	160,408	164,369	163,374	151,469	135,510	138,017	156,998	153,178
DC	10,969	11,763	11,821	13,481	13,041	11,357	11,521	12,206	13,329
DE	39,366	33,451	31,791	30,805	20,328	20,265	18,314	19,677	24,293
FL	463,033	433,791	364,278	374,699	326,878	288,939	309,765	256,504	283,831
GA	145,459	127,210	97,842	97,027	93,668	85,617	84,491	78,740	78,766
HI	30,277	27,938	24,534	29,987	31,631	35,586	34,032	30,614	29,709
IA	51,877	54,521	50,148	43,977	38,570	39,185	39,733	40,126	37,886
ID	23,016	19,342	17,109	14,601	12,186	11,982	11,074	9,588	9,387
IL	310,141	324,461	289,156	295,963	281,295	271,055	272,690	287,081	333,609
IN	93,245	79,054	72,914	71,317	69,024	74,129	76,366	77,511	78,431
KS	94,972	130,572	95,937	69,198	54,194	58,281	61,571	56,198	57,460
KY	98,364	99,879	97,431	91,106	54,642	43,289	41,178	38,176	31,154
LA	125,882	134,479	118,730	116,104	102,328	100,395	99,224	91,741	91,439
MA	315,795	328,624	255,782	254,071	250,175	178,836	183,659	180,151	171,926
MD	166,391	164,938	143,526	128,354	117,285	113,814	113,056	108,405	113,476
ME	35,048	30,619	31,372	33,018	36,754	36,858	35,312	37,238	45,598
MI	272,826	266,373	240,175	240,676	212,223	193,442	182,650	173,362	202,896
MN	72,634	61,921	48,870	47,210	40,193	37,224	37,261	43,651	45,489
MO	143,606	141,912	112,703	103,603	98,598	85,727	70,634	64,754	56,778
MS	25,642	22,568	22,107	22,729	25,056	28,449	25,676	16,663	8,909
MT	16,682	17,330	17,044	18,715	15,020	14,227	15,222	14,356	13,527
NC	90,466	91,609	82,562	87,449	72,024	64,366	58,742	54,127	57,773
ND	23,957	23,732	19,537	3,362	2,637	2,315	1,807	1,562	1,248
NE	57,920	71,623	72,847	61,762	32,958	33,378	32,706	33,220	32,235
NH	49,819	31,579	30,058	31,640	29,095	28,783	32,728	34,771	35,202
NJ	316,738	331,497	273,227	276,906	279,293	278,279	274,558	269,269	265,564
NM	34,176	32,802	28,672	25,167	24,611	24,162	24,626	25,234	25,785
NV	41,203	44,165	41,337	40,694	38,850	42,047	41,649	40,249	32,823
NY	961,665	884,995	857,435	815,889	774,428	807,928	802,052	732,305	646,398
OH	493,505	464,872	430,588	364,294	357,859	378,543	353,508	373,408	467,893
OK	66,593	68,901	57,203	45,176	39,245	37,167	37,628	38,662	38,937
OR	56,962	58,498	55,132	56,276	53,804	56,410	58,147	56,414	47,518
PA	469,161	433,383	355,784	323,366	291,913	282,684	269,077	264,189	275,713
PR	0	0	0	70	19	0	0	0	180
RI	34,270	33,358	30,608	28,879	35,505	39,439	29,167	31,593	30,033
SC	88,063	92,402	73,154	46,459	32,939	34,938	30,952	27,377	15,706
SD	4,507	5,654	5,450	3,751	1,912	1,607	1,933	1,018	1,763
TN	113,669	174,893	223,595	161,603	76,214	71,330	69,565	71,088	66,715
TX	529,425	536,385	398,041	343,992	248,156	231,256	261,082	283,080	257,043
UT	95,147	69,490	70,199	61,413	55,491	40,781	38,901	31,576	22,293
VA	184,361	183,997	171,237	142,262	106,321	122,782	126,127	83,213	97,167
VI	0	0	0	0	0	0	0	0	497
VT	15,908	13,168	13,335	10,414	5,697	9,586	6,779	6,247	6,396
WA	206,059	154,864	151,168	173,521	148,313	150,357	148,853	159,481	147,447
WI	114,554	132,710	131,266	121,071	90,936	74,038	68,535	72,752	68,561
WV	31,945	34,719	35,723	38,803	40,258	53,581	40,896	43,606	36,575
WY	10,633	14,658	16,526	18,922	22,447	24,847	22,198	13,260	4,540
	8,330,786	8,063,036	7,215,697	6,794,361	6,053,781	5,869,693	5,848,585	5,685,870	5,601,249

Chicago Insurance Company
Physical Therapists
Earned Premium by Class State

Exhibit 8

EMPLOYED

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	1,613	1,802	969	1,042	1,024	561	597	502	433
AL	10,387	9,727	9,905	6,689	5,504	5,163	4,611	3,999	3,589
AR	5,176	4,495	5,349	4,593	4,031	3,839	3,386	2,897	3,221
AZ	15,584	16,017	14,934	12,690	10,873	8,889	8,713	8,087	6,876
CA	90,963	86,601	86,377	73,370	58,539	57,081	57,004	54,201	45,859
CO	24,612	22,352	19,928	15,640	12,187	10,805	10,052	9,888	9,697
CT	44,450	45,922	42,157	30,002	24,552	21,687	21,516	20,361	18,961
DC	1,272	1,028	816	610	364	597	436	326	408
DE	3,083	3,352	2,271	1,941	1,839	1,736	1,619	1,451	1,627
FL	75,696	84,534	67,503	55,458	47,112	43,108	41,920	40,844	44,350
GA	25,106	23,835	19,885	12,736	15,557	14,314	12,519	12,600	12,425
HI	2,152	1,757	1,315	1,085	864	464	450	238	161
IA	15,724	12,979	12,195	8,253	7,534	6,739	6,966	5,890	5,166
ID	1,290	1,167	1,099	881	761	900	938	961	493
IL	44,622	47,405	44,107	38,359	31,835	30,758	27,963	23,694	22,871
IN	20,203	20,163	19,176	16,458	15,553	12,926	11,918	10,561	9,457
KS	51,428	57,835	58,720	(11,692)	28,096	27,003	25,266	23,351	18,876
KY	15,143	13,619	12,466	11,426	9,106	7,423	6,431	5,962	5,394
LA	11,279	10,356	9,892	9,193	7,932	7,419	6,427	6,181	5,531
MA	56,788	53,990	49,901	41,465	34,882	32,337	31,385	27,954	25,017
MD	52,545	51,952	46,838	35,835	31,117	29,047	28,009	25,875	24,149
ME	7,569	7,745	7,609	5,197	5,517	4,989	4,405	3,872	3,454
MI	30,960	30,553	29,473	25,894	21,527	18,917	17,337	14,928	15,070
MN	11,040	11,221	11,052	3,667	7,457	6,501	6,003	4,608	4,468
MO	33,854	39,192	24,969	26,620	16,734	14,524	12,987	12,352	11,513
MS	11,861	11,063	9,862	8,861	8,274	7,434	6,953	6,793	5,914
MT	2,154	2,185	1,708	1,647	1,237	842	970	580	613
NC	25,688	27,946	24,890	19,534	16,968	16,434	15,664	13,333	12,215
ND	2,166	1,689	1,571	1,286	1,214	858	486	531	537
NE	5,902	5,122	4,903	5,646	3,125	2,755	2,252	2,513	1,908
NH	13,225	11,767	11,050	11,129	6,264	5,667	5,135	4,857	4,241
NJ	60,005	64,822	55,143	48,351	57,133	51,434	40,990	39,081	39,847
NM	6,118	6,536	5,641	4,654	3,472	3,719	3,459	3,337	2,827
NV	3,604	4,058	3,629	2,502	2,491	3,133	3,270	3,028	3,167
NY	102,860	110,012	107,825	111,529	108,195	83,719	76,575	68,602	62,391
OH	82,627	90,833	87,339	62,737	57,271	49,591	54,209	55,316	56,138
OK	17,646	15,739	13,011	11,559	10,305	9,814	8,945	7,916	7,899
OR	6,312	6,514	9,261	1,947	3,487	3,317	3,867	3,649	3,497
PA	63,590	79,075	57,205	39,218	45,314	42,902	38,904	34,490	33,298
PR									
RI	9,159	9,261	8,630	8,320	7,879	7,255	7,644	7,073	6,597
SC	8,917	8,909	27,770	6,493	5,622	4,968	4,609	4,288	3,588
SD	1,282	1,333	1,075	1,074	494	660	896	695	879
TN	19,435	41,510	35,984	(18,542)	13,791	12,857	11,208	10,551	10,898
TX	63,547	56,217	43,937	27,355	29,127	28,068	30,131	28,684	27,215
UT	2,688	2,089	2,188	1,203	1,076	906	871	512	315
VA	33,834	31,044	26,880	17,619	18,907	17,057	15,361	15,095	16,433
VI									
VT	3,096	3,033	2,825	2,571	1,580	1,220	1,337	1,161	976
WA	15,908	16,257	14,099	13,000	9,439	8,583	7,292	7,442	7,301
WI	21,595	21,358	20,577	15,952	15,168	13,291	12,905	11,298	9,839
WV	6,391	5,893	4,160	3,372	2,805	2,592	1,835	1,752	2,067
WY	1,011	884	729	579	783	997	872	772	514
	1,243,161	1,294,747	1,180,797	837,009	831,916	747,798	705,493	654,931	620,179

Chicago Insurance Company
Physical Therapists
Earned Premium by Class State

Exhibit 8

GROUP OWNERS

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK									
AL		7,112	3,665	1,550					
AR		4,765	5,380	15,845	11,307	433			
AZ		4,439	1,726	11,365	20,441	7,118	5,993	5,335	6,952
CA		120,326	99,307	245,113	411,078	182,286	208,256	204,204	166,982
CO		1,219	1,939	6,089	13,223	5,317			
CT		5,205	9,577	26,014	27,125	9,771	9,495	12,204	15,762
DC									
DE		2,575	1,771	6,405	5,191				
FL		30,969	17,084	66,879	100,513	52,145	58,159	46,930	37,139
GA	174	6,235	9,939	30,865	41,762	28,686	28,421	24,317	12,810
HI		2,546	111	10,629	12,253	13,394	10,428	11,069	2,342
IA		7,483	6,766	16,103	23,763	14,394	12,543	11,236	4,796
ID		2,473	1,018	1,745	719				
IL		74,697	35,494	129,697	192,532	111,847	111,736	134,767	115,593
IN		8,315	3,985	22,420	41,572	29,406	41,590	42,471	23,245
KS	663	51,635	2,843	51,030	10,569	9,065	7,792	7,248	4,880
KY		13,770	8,013	41,631	35,274	7,558	7,904	5,719	849
LA	1,501	5,191	15,987	33,588	31,677	17,707	10,671	6,879	5,179
MA	144	86,411	25,485	126,732	96,896	18,567	22,377	20,665	9,537
MD		8,750	8,084	21,256	14,595	4,498	6,465	6,305	2,979
ME			106		1,070	4,926	8,502	9,657	4,237
MI	527	32,119	29,694	84,875	85,814	53,855	47,529	48,797	43,427
MN		15,613	7,583	22,418	55,125	16,294	13,191	19,563	14,614
MO		13,074	10,195	32,631	52,673	12,071	493		
MS				3,165	8,683	11,249	10,783	4,708	
MT				2,835	405				
NC	642	14,216	6,255	41,145	25,234	13,425	9,858	5,601	7,028
ND				22,118	19,386				
NE		449	23,196	39,598	67,353				
NH									
NJ	883	39,772	4,035	21,322	36,477	24,094	28,130	26,239	11,407
NM									
NV		8,619	4,858	11,700	12,842	6,532	6,415	6,720	3,640
NY	580	27,571	38,551	92,429	102,437	89,422	94,341	61,140	28,675
OH		40,103	66,750	141,572	174,535	88,393	84,605	73,288	29,194
OK		7,581	4,548						
OR				15,818	5,262	5,388	5,322	5,367	1,122
PA	418	41,040	28,199	82,283	89,876	58,398	52,051	58,587	44,837
PR									
RI			1,615	5,705	12,257	7,589	7,402	6,965	4,239
SC		26,480	5,183	21,654	35,497	6,299	6,283	3,782	
SD									
TN		9,072	14,471	155,937	189,244	33,882	28,455	28,424	18,069
TX		69,529	45,712	90,603	97,550	15,229	18,970	29,462	27,142
UT		19,928	24,256	37,707	49,561	23,296	19,958	11,427	
VA	383	26,457	30,227	57,562	29,743	27,393	26,592	16,561	15,667
VI									
VT		3,152		0					
WA		9,623	9,013	62,892	66,042	48,476	46,785	57,147	28,357
WI		13,846	28,978	67,407	102,451	21,328	19,460	18,070	25,822
WV									
WY			4,961	35,903	15,859	17,205	16,131	8,248	
	5,915	862,361	646,560	2,014,237	2,425,867	1,096,933	1,093,084	1,039,101	716,522

Chicago Insurance Company
Physical Therapists
Earned Premium by Class State

Exhibit 8

GROUP NON-OWNERS

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	10,311	6,313	3,850	4,928	5,459	4,359	4,067	4,035	4,472
AL	22,656	21,073	18,758	17,529	23,719	25,339	24,961	25,240	18,224
AR	14,371	15,140	11,233	11,851	13,340	17,333	16,809	14,702	12,608
AZ	64,461	50,758	45,206	39,489	38,085	38,275	38,506	37,430	34,767
CA	613,471	533,492	462,175	462,103	487,882	487,629	498,981	505,438	469,170
CO	57,608	53,572	53,238	53,043	53,549	58,162	65,718	59,893	63,534
CT	67,932	66,112	57,663	58,948	72,180	76,994	78,618	97,995	85,306
DC	6,201	7,814	9,297	10,922	10,860	8,763	9,367	10,009	10,782
DE	20,226	17,638	15,135	14,645	12,800	13,497	11,647	13,354	21,306
FL	225,766	202,851	150,131	170,271	141,876	139,173	157,251	117,539	153,546
GA	43,601	42,447	37,552	35,860	31,859	31,398	32,435	32,972	44,126
HI	20,950	16,081	13,286	11,761	14,791	17,184	18,635	15,125	24,612
IA	17,436	17,522	14,040	14,412	13,517	16,121	19,009	20,937	20,694
ID	15,597	11,603	8,855	7,431	8,482	9,115	8,621	7,161	7,320
IL	92,149	78,451	76,893	81,172	97,714	88,256	96,790	98,362	162,774
IN	24,354	22,580	18,703	19,080	25,227	25,624	15,353	17,789	39,197
KS	21,826	19,858	22,471	19,850	11,691	13,752	18,007	22,789	23,923
KY	22,871	19,239	19,225	18,937	20,135	15,232	18,645	15,108	17,915
LA	69,074	74,552	65,736	66,005	56,635	60,910	68,426	69,231	73,144
MA	100,758	104,093	98,439	89,441	79,238	80,187	80,139	85,575	104,583
MD	61,626	59,259	53,529	58,330	56,317	52,651	49,577	52,645	63,255
ME	12,942	14,430	14,674	19,339	25,711	23,083	17,675	17,017	21,593
MI	105,035	108,303	96,201	90,703	90,382	85,358	94,839	79,048	110,096
MN	13,932	14,057	8,908	7,435	9,665	10,505	14,227	16,394	21,716
MO	47,973	42,878	34,926	37,448	40,897	50,456	44,844	40,578	33,907
MS	6,071	6,167	5,792	6,652	5,873	7,285	6,064	3,671	1,519
MT	10,610	10,705	10,388	8,576	7,856	8,055	9,374	11,159	11,614
NC	31,283	29,343	26,800	20,106	24,165	24,727	23,785	28,259	32,643
ND	5,851	1,133	1,109	1,065	861	1,063	986	696	529
NE	9,419	11,608	12,547	12,285	19,835	26,898	27,046	27,122	25,692
NH	17,689	16,172	15,312	13,674	17,619	14,802	19,212	26,384	23,685
NJ	119,197	119,277	113,977	139,231	135,137	139,786	142,984	152,104	148,310
NM	19,961	19,812	18,669	16,495	16,450	11,860	15,489	19,192	15,999
NV	25,315	24,029	22,330	22,926	26,334	28,564	28,360	27,654	19,678
NY	431,626	407,968	378,803	363,544	367,977	395,834	419,581	405,207	378,670
OH	172,334	153,582	128,042	122,720	127,717	122,905	147,729	168,112	314,490
OK	27,908	28,525	27,472	24,815	20,999	19,006	21,290	24,049	22,922
OR	32,658	38,580	29,489	29,633	33,407	35,563	37,924	41,315	33,601
PA	183,224	166,624	141,273	141,431	140,553	124,815	124,769	120,640	133,417
PR				70	19				
RI	12,586	12,506	10,005	10,541	15,132	15,850	5,084	10,322	9,163
SC	13,911	12,413	9,887	9,838	14,306	19,378	16,217	16,926	11,030
SD	918	2,015	2,653	1,290	719	287	326	323	784
TN	31,301	23,276	20,252	15,236	18,622	15,213	21,633	19,189	21,489
TX	126,917	138,596	102,915	53,088	82,898	89,092	116,231	135,522	139,719
UT	23,336	18,667	17,546	14,028	12,890	12,047	14,037	16,395	18,807
VA	72,606	58,264	49,160	45,308	49,003	58,170	62,870	37,017	51,300
VI									
VT	5,838	5,533	6,340	7,068	3,235	7,734	4,810	4,335	4,564
WA	92,474	84,042	77,589	77,424	77,000	72,570	72,411	76,814	74,918
WI	34,438	32,413	27,711	27,495	23,320	30,644	23,550	35,921	23,354
WV	21,651	24,441	24,550	24,329	25,408	27,507	26,580	32,855	24,838
WY	3,606	4,373	4,624	4,809	5,309	5,349	4,909	3,954	3,741
	3,305,858	3,070,178	2,695,358	2,634,613	2,714,655	2,764,360	2,896,397	2,921,500	3,189,048

Chicago Insurance Company
Physical Therapists
Earned Premium by Class State

Exhibit 8

SELF-EMPLOYED FULL TIME

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	384	526	340	142					
AL	987	829	2,808	1,022	420	476	150	150	154
AR	473	624	11,608	968	208	792	202	795	1,253
AZ	3,980	8,705	12,910	1,738	(8,393)	940	600	480	633
CA	21,189	105,888	180,363	12,206	(184,445)	3,903	4,330	4,430	4,961
CO	3,045	5,855	11,081	3,903	(3,495)	1,434	1,638	1,560	1,013
CT	11,565	3,695	20,741	8,716	(4,789)	3,797	5,345	6,791	6,065
DC	598	605	527	480	480	480	480	480	480
DE	1,849	3,229	6,579	1,664	(4,583)	446	446	446	236
FL	16,262	24,046	69,080	15,714	(28,142)	4,961	5,560	7,391	10,478
GA	2,085	9,305	13,594	1,706	(10,665)	821	522		169
HI		2,123	4,348	2,473	231	1,614	1,845		
IA	1,443	7,658	15,467	3,306	(8,175)	81	95		
ID	140	480	3,345	1,716	955	846	846	790	633
IL	11,054	39,533	89,610	3,998	(79,917)	2,784	2,665	3,168	4,276
IN	1,329	8,982	23,309	4,314	(19,127)	1,497	1,905	570	697
KS	263	1,040	6,046	1,929	(3,792)	1,757	1,562	1,057	980
KY	3,348	22,617	48,166	6,214	(21,441)	150	150	410	1,065
LA	2,750	19,999	12,672	(8,363)	(10,081)	572	558	760	1,012
MA	3,933	31,673	48,920	(39,483)	(474)	5,156	6,823	5,597	3,547
MD	4,100	7,420	10,210	(9,062)	(8,919)	6,470	6,933	3,335	2,586
ME	191	566	2,464	1,245	(816)	176	176	176	182
MI	5,560	24,154	40,731	(5,563)	(27,448)	319	251	859	156
MN	263	3,434	15,521	8,736	(34,784)	1,806	1,912	1,199	600
MO	987	10,112	28,741	(2,797)	(25,692)	150	150	150	154
MS		143	979	1,075	150	150	150	150	154
MT			666	312					
NC	2,303	6,352	13,374	(5,853)	(5,448)	1,426	2,434	150	94
ND		17,506	16,522	(21,442)	(19,386)				
NE	121	33,150	28,153	(0)	(62,044)				492
NH	1,950	645	371	2,085	150	150	150	150	156
NJ	19,090	21,767	33,614	6,299	(14,393)	2,266	2,731	2,591	4,435
NM	263	304	194	125	125	99			
NV		1,281	7,178	804	(7,015)	470	783		92
NY	18,223	35,588	79,327	19,252	(28,124)	8,189	7,355	6,163	5,977
OH	13,241	66,861	105,758	(5,460)	(84,429)	414	1,206	1,469	1,787
OK	2,288	1,831	1,863	930	714	1,203	965	334	429
OR	879	1,543	6,988	(1,111)	394	2,760	3,914		175
PA	12,896	30,339	64,027	(7,519)	(40,690)	4,363	4,389	1,835	2,371
PR									180
RI	2,795	3,980	6,292	642	(3,854)	1,334	3,074	3,141	1,418
SC	539	14,169	26,090	499	(29,497)	404	420	330	886
SD		192	226				562		100
TN	1,478	12,075	147,384	1,028	(152,108)	1,340	1,582	1,292	1,470
TX	151,927	197,906	181,974	151,170	13,919	63,503	59,768	51,387	38,166
UT	540	14,702	20,635	2,815	(12,417)	780	600	951	1,162
VA	3,665	33,603	49,503	6,581	(1,503)	2,337	8,093	4,821	1,374
VI									
VT		136	3,128	0					
WA	1,941	12,081	28,234	1,924	(21,934)	905	2,259	1,171	1,280
WI	2,988	27,319	40,476	2,451	(58,809)	3,123	5,740	455	368
WV	206	6	186	623	4,089	16,797	4,786	0	326
WY		4,550	5,912	(22,429)					
	335,108	881,127	1,548,233	151,725	(1,004,993)	153,441	156,105	116,985	104,221

Chicago Insurance Company
Physical Therapists
Earned Premium by Class State

Exhibit 8

SELF-EMPLOYED PART TIME

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	3,514	5,157	2,483	3,251	3,613	3,613	3,584	3,792	2,196
AL	74,415	23,933	6,583	8,075	5,666	8,652	10,212	9,596	5,966
AR	11,734	15,427	4,722	2,861	2,377	1,573	975	1,076	720
AZ	24,114	20,258	15,084	12,961	14,863	13,470	12,198	12,797	21,766
CA	410,782	238,253	170,260	196,879	123,843	145,544	146,941	146,059	136,404
CO	39,650	22,907	21,176	24,270	23,398	21,451	22,710	26,326	16,697
CT	54,899	39,371	34,212	39,690	32,400	23,127	22,498	19,624	27,085
DC	2,897	2,316	1,181	1,468	1,338	1,518	1,238	1,391	1,660
DE	14,208	6,657	6,035	6,150	5,081	4,586	4,601	4,426	1,124
FL	144,884	91,356	60,468	64,397	65,018	49,431	46,755	43,785	38,318
GA	74,494	45,389	16,872	15,860	15,156	10,398	10,595	8,851	9,237
HI	7,175	5,430	5,475	4,039	3,493	2,929	2,674	4,182	2,594
IA	17,163	8,874	1,680	1,904	1,931	1,850	1,120	2,063	7,230
ID	5,990	3,619	2,792	2,828	1,269	1,121	670	677	941
IL	162,134	84,231	43,050	42,737	39,131	37,409	33,538	27,090	28,095
IN	47,294	18,864	7,623	8,925	5,799	4,676	5,599	6,120	5,835
KS	20,611	22	5,674	8,082	7,629	6,704	8,945	1,753	8,803
KY	57,002	30,634	9,561	12,898	11,568	12,926	8,048	10,978	5,930
LA	41,144	24,381	14,443	15,681	16,165	13,787	13,143	8,596	6,549
MA	153,966	52,031	32,898	35,859	39,634	42,588	42,829	40,044	28,910
MD	48,120	37,558	24,864	21,994	24,174	21,148	22,072	20,245	20,507
ME	14,309	7,879	6,519	7,238	5,273	3,684	4,554	6,517	16,131
MI	130,744	71,244	44,075	44,768	41,948	34,994	22,694	29,730	34,147
MN	47,399	17,597	5,807	4,953	2,731	2,118	1,929	1,888	4,090
MO	60,793	36,657	13,872	9,259	8,515	6,295	12,161	11,674	11,204
MS	7,711	5,196	5,474	2,976	2,075	2,332	1,728	1,341	1,321
MT	3,918	4,440	4,282	5,344	5,522	5,330	4,878	2,617	1,300
NC	30,549	13,752	11,244	12,515	11,106	8,192	6,994	6,783	5,794
ND	15,940	3,404	335	335	561	395	335	335	181
NE	42,479	21,283	4,047	4,232	4,690	3,725	3,408	3,586	4,143
NH	16,955	2,995	3,325	4,752	5,062	8,164	8,166	3,325	6,849
NJ	117,563	85,859	66,458	61,703	64,940	60,698	59,636	49,202	61,565
NM	7,821	6,150	4,168	3,894	4,564	8,484	5,678	2,704	6,959
NV	12,284	6,177	3,342	2,761	4,197	3,348	2,822	2,847	6,246
NY	408,297	303,553	252,853	229,108	223,672	230,105	203,687	190,910	170,654
OH	225,020	113,479	42,698	42,724	82,765	117,240	65,759	75,223	66,283
OK	18,751	15,225	10,308	7,871	7,228	7,144	6,429	6,363	7,687
OR	17,112	11,860	9,394	9,988	11,254	9,382	7,120	6,083	9,123
PA	209,033	116,304	65,081	67,952	56,860	52,165	48,865	48,497	61,790
PR									
RI	9,729	7,612	4,066	3,672	3,921	4,882	5,623	3,753	6,851
SC	64,618	30,431	4,225	7,870	6,995	3,888	3,352	2,022	203
SD	2,307	2,114	1,495	1,387	699	659	150		
TN	61,455	88,961	5,504	7,945	6,665	8,037	6,686	11,632	14,789
TX	146,648	57,007	15,117	14,768	15,551	14,462	18,320	23,029	18,940
UT	68,582	14,104	5,575	5,660	4,381	3,752	3,435	2,291	2,009
VA	73,800	34,629	15,468	15,077	9,738	16,825	12,812	9,358	12,393
VI									497
VT	6,870	1,418	1,043	775	882	632	632	751	855
WA	95,531	32,862	22,232	18,282	17,767	19,824	20,107	16,906	35,592
WI	55,121	37,267	13,390	7,646	8,806	5,556	6,647	6,882	9,173
WV	3,698	4,380	6,827	10,480	7,956	6,686	7,695	8,779	9,344
WY	6,017	4,852	301	60	496	1,297	286	286	286
	3,397,241	1,935,357	1,135,666	1,146,800	1,070,363	1,078,796	973,533	934,784	962,960

Chicago Insurance Company
Physical Therapists
Earned Premium by Class State

Exhibit 8

GENERAL LIABILITY

	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	72								
AL						389	3,605	1,047	28
AR									
AZ	44							250	
CA	202	359	15			101	119	220	
CO	54								
CT	156	104	18	4		134	544	23	
DC									
DE									
FL	424	36	11	1,980	501	120	120	15	
GA									
HI		0	0						
IA	111	5							
ID									
IL	182	144							
IN	65	150	119	120			0	0	
KS	182	182	182						
KY									
LA	132							95	25
MA	207	425	139	57			106	316	332
MD									
ME	38								
MI									
MN									
MO				442	5,471	2,231			
MS									
MT									
NC						163	7		
ND									
NE		11	0						
NH							65	55	272
NJ							88	53	
NM	13								
NV									
NY	79	303	77	26	272	659	514	284	31
OH	284	12							
OK									
OR									
PA						41	99	140	
PR									
RI					170	2,529	340	340	1,765
SC	77			105	15		71	29	
SD									
TN									
TX	40,386	17,130	8,387	7,008	9,111	20,903	17,663	14,995	5,861
UT									
VA	74			115	433	999	400	361	
VI									
VT	105	(104)							
WA	205								
WI	413	509	134	120		96	231	125	5
WV								220	
WY									
	43,504	19,266	9,084	9,977	15,973	28,364	23,972	18,569	8,318

Chicago Insurance Company
Physical Therapists
Reported Loss + ALAE by Class State

Exhibit 9

TOTAL

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK					
AL			30,000	15,000	
AR	268	434,942	53,643	0	
AZ	55,971	0	3,273	0	4,320
CA	469,741	1,774,412	363,782	297,578	348,500
CO	0	0	35,000	5,000	0
CT	1,000	414,366	20,000	3,165	0
DC					
DE					
FL	81,982	50,000	1,020,612	12,827	
GA	97,643	151,466	36,102		15,000
HI	0				
IA	739	14,946			
ID	0				
IL	3,340	189,729	192,287	92,660	3,582
IN	10,801	107,276	260		2,511
KS		10,485	0		0
KY	24,944	1,898		0	
LA	518,026	115,738	139,111	110,856	
MA	92,297	177,320	1,630,147	809	4,600
MD	279	68,813	5,000	11,000	
ME	0				
MI	0	26,250	54,708	63,762	12,511
MN	0		7,178	265	5,000
MO	3,000		15,009		
MS	7,396				
MT					
NC		10,000			
NE	0				
NH	0				5,000
NJ	995,021	248,969	57,200	64,424	2,511
NM			74,627	0	
NV	0	72,500	0		
NY	459,449	531,786	170,731	389,011	67,500
OH	67,680	63,211	24,883	138,270	1,000
OK	35,500			0	0
OR	89,154				20,000
PA	3,781	83,432	46,159		25,000
RI	72,000	5,000	0	55,000	
SC					
SD					
TN	36,117	0	4,043		9,400
TX	7,808	46,110	66,653	45,022	
UT	34,900	145,000	32,903		
VA	6,265	0	194,999		
VT			20,006		
WA	1,000		90,582	27,778	
WI	4,452	0			
WV	2,373		65,000		
WY	0	55			
	3,182,927	4,743,703	4,453,899	1,332,427	526,435

Chicago Insurance Company
Physical Therapists
Reported Loss + ALAE by Class State

Exhibit 9

GROUP OWNERS & GROUP NON-OWNERS

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK					
AL			30,000	15,000	
AR	268	434,942	53,643	0	
AZ		0	3,273	0	4,320
CA	450,235	1,638,817	363,782	240,078	278,500
CO		0	35,000	5,000	
CT		310,000	20,000	3,065	0
DC					
DE					
FL	52,500	50,000	1,020,612	12,827	
GA	97,643	23,850	36,102		
HI	0				
IA	739	14,946			
ID	0				
IL	3,340	189,729	192,287	62,660	3,582
IN	10,801	107,276	260		2,511
KS		10,485	0		0
KY		1,898			
LA	518,026	85,727	139,111	110,000	
MA	17,297	20,000	5,000	809	4,000
MD	279	68,813	5,000		
ME	0				
MI	0	26,250	54,708	51,262	12,511
MN	0		4,849	265	5,000
MO	3,000				
MS	7,396				
MT					
NC		10,000			
ND					
NE	0				5,000
NH	960,658	141,528	32,200	64,424	2,511
NJ			74,627	0	
NM	0	72,500	0		
NV	422,001	530,749	100,220	321,011	67,500
NY	64,999	20,875	24,883	122,270	1,000
OH	35,500				0
OK	89,154				20,000
OR	3,781	58,432	3,727		0
PA	72,000	5,000	0	55,000	
PR					
RI					
SC	36,117		4,043		9,400
SD	7,808	737	66,653	45,022	
TN	34,900	145,000	32,903		
TX	6,265	0	194,999		
UT			20,006		
VA	1,000		90,582	27,778	
VI	4,452	0			
VT					
WA	0	55			
	2,900,161	3,967,608	2,608,471	1,136,471	415,835

Chicago Insurance Company
Physical Therapists
Reported Loss + ALAE by Class State

Exhibit 9

REMAINING CLASSES

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	0	0	0	0	0
AL	0	0	0	0	0
AR	0	0	0	0	0
AZ	55,971	0	0	0	0
CA	19,506	135,595	0	57,500	70,000
CO	0	0	0	0	0
CT	1,000	104,366	0	100	0
DC	0	0	0	0	0
DE	0	0	0	0	0
FL	29,482	0	0	0	0
GA	0	127,616	0	0	15,000
HI	0	0	0	0	0
IA	0	0	0	0	0
ID	0	0	0	0	0
IL	0	0	0	30,000	0
IN	0	0	0	0	0
KS	0	0	0	0	0
KY	24,944	0	0	0	0
LA	0	30,011	0	856	0
MA	75,000	157,320	1,625,147	0	600
MD	0	0	0	11,000	0
ME	0	0	0	0	0
MI	0	0	0	12,500	0
MN	0	0	2,329	0	0
MO	0	0	15,009	0	0
MS	0	0	0	0	0
MT	0	0	0	0	0
NC	0	0	0	0	0
ND	0	0	0	0	0
NE	0	0	0	0	0
NH	34,363	107,441	25,000	0	0
NJ	0	0	0	0	0
NM	0	0	0	0	0
NV	37,448	1,037	70,511	68,000	0
NY	2,681	42,336	0	16,000	0
OH	0	0	0	0	0
OK	0	0	0	0	0
OR	0	25,000	42,432	0	25,000
PA	0	0	0	0	0
PR	0	0	0	0	0
RI	0	0	0	0	0
SC	0	0	0	0	0
SD	0	45,374	0	0	0
TN	0	0	0	0	0
TX	0	0	0	0	0
UT	0	0	0	0	0
VA	0	0	0	0	0
VI	0	0	0	0	0
VT	2,373	0	65,000	0	0
WA	0	0	0	0	0
	282,766	776,095	1,845,427	195,956	110,600

Chicago Insurance Company
Physical Therapists
Incurred Claim Counts by Class State

Exhibit 10

TOTAL

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK					
AL			2	1	
AR	2	2	3	1	
AZ	3	3	1	1	1
CA	23	30	28	18	7
CO	1	3	1	1	1
CT	1	3	2	4	3
DC					
DE					
FL	6	3	6	7	
GA	2	3	3		1
HI	1				
IA	1	1			
ID	1				
IL	4	7	6	5	3
IN	4	3	1		1
KS		2	1		1
KY	1	1		1	
LA	7	5	3	5	
MA	10	8	5	4	4
MD	1	4	2	1	
ME	1				
MI	3	7	6	5	2
MN	1		2	1	1
MO	1		1		
MS	1				
MT					
NC		1			
NE	1				
NH	1				1
NJ	9	8	6	9	2
NM			1	1	
NV	1	2	1		
NY	25	24	18	17	6
OH	7	13	3	12	6
OK	3			1	1
OR	2				1
PA	2	7	7		3
RI	1	2	1	1	
SC					
SD					
TN	3	1	4		3
TX	7	4	3	5	
UT	2	1	2		
VA	3	4	1		
VT			1		
WA	3		5	4	
WI	2	3			
WV	2		1		
WY	1	2			
	150	157	127	105	48

Chicago Insurance Company
Physical Therapists
Incurred Claim Counts by Class State

Exhibit 10

GROUP OWNERS & GROUP NON-OWNERS

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK					
AL			1	1	
AR	2	2	3	1	
AZ		1	1	1	1
CA	18	23	26	17	5
CO		2	1	1	
CT		2	2	3	3
DC					
DE					
FL	3	2	6	6	
GA	2	2	3		
HI	1				
IA	1	1			
ID	1				
IL	4	6	6	4	3
IN	4	3	1		1
KS		1	1		1
KY		1			
LA	7	3	3	4	
MA	8	4	3	4	3
MD	1	4	2		
ME	1				
MI	2	6	5	4	2
MN	1		1	1	1
MO	1				
MS	1				
MT					
NC		1			
ND					
NE	1				1
NH	8	6	4	8	2
NJ			1	1	
NM	1	2	1		
NV	22	18	14	10	5
NY	6	9	3	8	5
OH	2				1
OK	2				1
OR	1	6	5		2
PA	1	2	1	1	
PR					
RI					
SC	3		4		2
SD	5	2	2	4	
TN	2	1	2		
TX	2	4	1		
UT			1		
VA	3		4	4	
VI	2	3			
VT					
WA	1	2			
	120	119	108	83	39

Chicago Insurance Company
Physical Therapists
Incurred Claim Counts by Class State

Exhibit 10

REMAINING CLASSES

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	0	0	0	0	0
AL	0	0	1	0	0
AR	0	0	0	0	0
AZ	3	2	0	0	0
CA	5	7	2	1	2
CO	1	1	0	0	1
CT	1	1	0	1	0
DC	0	0	0	0	0
DE	0	0	0	0	0
FL	3	1	0	1	0
GA	0	1	0	0	1
HI	0	0	0	0	0
IA	0	0	0	0	0
ID	0	0	0	0	0
IL	0	1	0	1	0
IN	0	0	0	0	0
KS	0	1	0	0	0
KY	1	0	0	1	0
LA	0	2	0	1	0
MA	2	4	2	0	1
MD	0	0	0	1	0
ME	0	0	0	0	0
MI	1	1	1	1	0
MN	0	0	1	0	0
MO	0	0	1	0	0
MS	0	0	0	0	0
MT	0	0	0	0	0
NC	0	0	0	0	0
ND	1	0	0	0	0
NE	0	0	0	0	0
NH	1	2	2	1	0
NJ	0	0	0	0	0
NM	0	0	0	0	0
NV	3	6	4	7	1
NY	1	4	0	4	1
OH	1	0	0	1	0
OK	0	0	0	0	0
OR	1	1	2	0	1
PA	0	0	0	0	0
PR	0	0	0	0	0
RI	0	0	0	0	0
SC	0	1	0	0	1
SD	2	2	1	1	0
TN	0	0	0	0	0
TX	1	0	0	0	0
UT	0	0	0	0	0
VA	0	0	1	0	0
VI	0	0	0	0	0
VT	2	0	1	0	0
WA	0	0	0	0	0
	30	38	19	22	9

Chicago Insurance Company
Physical Therapists
Paid Indemnity by Class State

Exhibit 11

TOTAL

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK					
AL			0	0	
AR	0	350,000	52,000	0	
AZ	28,000	0	0	0	0
CA	147,250	1,354,793	104,500	2,000	0
CO	0	0	0	0	0
CT	1,000	80,000	0	0	0
DC					
DE					
FL	27,500	0	612	327	
GA	0	110,000	5,000		0
HI	0				
IA	739	14,500			
ID	0				
IL	3,000	142,333	32,007	502	1,071
IN	0	0	0		0
KS		0	0		0
KY	5,000	1,500		0	
LA	355,000	23,000	125,000	0	
MA	0	20,000	1,602,500	809	0
MD	0	0	0	0	
ME	0				
MI	0	26,250	4,500	6,262	0
MN	0		0	265	0
MO	3,000		0		
MS	0				
MT					
NC		0			
NE	0				
NH	0				0
NJ	346,060	40,000	5,000	20,000	0
NM			70,000	0	
NV	0	0	0		
NY	235,000	74,075	12,380	245,000	0
OH	30,000	3,000	8,500	26,000	0
OK	5,500			0	0
OR	25,000				0
PA	0	3,000	200		0
RI	0	0	0	0	
SC					
SD					
TN	10,350	0	4,000		2,400
TX	5,000	3,271	65,000	0	
UT	0	145,000	0		
VA	3,000	0	0		
VT			20,000		
WA	1,000		0	2,000	
WI	2,500	0			
WV	0		0		
WY	0	0			
	1,233,899	2,390,723	2,111,199	303,165	3,471

Chicago Insurance Company
Physical Therapists
Paid Indemnity by Class State

Exhibit 11

GROUP OWNERS & GROUP NON-OWNERS

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK					
AL			0	0	
AR	0	350,000	52,000	0	
AZ		0	0	0	0
CA	137,250	1,304,293	104,500	2,000	0
CO		0	0	0	
CT		0	0	0	0
DC					
DE					
FL	2,500	0	612	327	
GA	0	10,000	5,000		
HI	0				
IA	739	14,500			
ID	0				
IL	3,000	142,333	32,007	502	1,071
IN	0	0	0		0
KS		0	0		0
KY		1,500			
LA	355,000	3,000	125,000	0	
MA	0	20,000	0	809	0
MD	0	0	0		
ME	0				
MI	0	26,250	4,500	6,262	0
MN	0		0	265	0
MO	3,000				
MS	0				
MT					
NC		0			
ND					
NE	0				0
NH	314,393	40,000	5,000	20,000	0
NJ			70,000	0	
NM	0	0	0		
NV	228,330	74,075	4,380	245,000	0
NY	30,000	0	8,500	10,000	0
OH	5,500				0
OK	25,000				0
OR	0	3,000	200		0
PA	0	0	0	0	
PR					
RI					
SC	10,350		4,000		2,400
SD	5,000	0	65,000	0	
TN	0	145,000	0		
TX	3,000	0	0		
UT			20,000		
VA	1,000		0	2,000	
VI	2,500	0			
VT					
WA	0	0			
	1,126,562	2,133,952	500,699	287,165	3,471

Chicago Insurance Company
Physical Therapists
Paid Indemnity by Class State

Exhibit 11

REMAINING CLASSES

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	0	0	0	0	0
AL	0	0	0	0	0
AR	0	0	0	0	0
AZ	28,000	0	0	0	0
CA	10,000	50,500	0	0	0
CO	0	0	0	0	0
CT	1,000	80,000	0	0	0
DC	0	0	0	0	0
DE	0	0	0	0	0
FL	25,000	0	0	0	0
GA	0	100,000	0	0	0
HI	0	0	0	0	0
IA	0	0	0	0	0
ID	0	0	0	0	0
IL	0	0	0	0	0
IN	0	0	0	0	0
KS	0	0	0	0	0
KY	5,000	0	0	0	0
LA	0	20,000	0	0	0
MA	0	0	1,602,500	0	0
MD	0	0	0	0	0
ME	0	0	0	0	0
MI	0	0	0	0	0
MN	0	0	0	0	0
MO	0	0	0	0	0
MS	0	0	0	0	0
MT	0	0	0	0	0
NC	0	0	0	0	0
ND	0	0	0	0	0
NE	0	0	0	0	0
NH	31,667	0	0	0	0
NJ	0	0	0	0	0
NM	0	0	0	0	0
NV	6,670	0	8,000	0	0
NY	0	3,000	0	16,000	0
OH	0	0	0	0	0
OK	0	0	0	0	0
OR	0	0	0	0	0
PA	0	0	0	0	0
PR	0	0	0	0	0
RI	0	0	0	0	0
SC	0	0	0	0	0
SD	0	3,271	0	0	0
TN	0	0	0	0	0
TX	0	0	0	0	0
UT	0	0	0	0	0
VA	0	0	0	0	0
VI	0	0	0	0	0
VT	0	0	0	0	0
WA	0	0	0	0	0
	107,337	256,771	1,610,500	16,000	0

Chicago Insurance Company
Physical Therapists
Paid ALAE by Class State

Exhibit 12

TOTAL

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK					
AL			3,595	0	
AR	268	84,942	1,643	0	
AZ	27,971	0	3,273	0	1,040
CA	239,152	268,135	135,562	64,878	800
CO	0	0	0	0	0
CT	0	37,605	0	3,065	0
DC					
DE					
FL	12,639	8,167	0	0	
GA	33,568	41,466	1,102		0
HI	0				
IA	0	446			
ID	0				
IL	340	39,666	20,539	8,555	0
IN	10,801	24,197	260		0
KS		10,485	0		0
KY	19,944	398		0	
LA	85,034	14,243	6,483	5,637	
MA	28,062	56,993	22,647	0	0
MD	279	3,813	5,000	1,149	
ME	0				
MI	0	0	19,601	7,807	0
MN	0		7,178	0	0
MO	0		0		
MS	7,396				
MT					
NC		1,028			
NE	0				
NH	0				2,803
NJ	130,975	85,623	19,373	1,424	0
NM			4,627	0	
NV	0	7,073	0		
NY	153,915	147,840	24,041	13,588	7,711
OH	37,680	9,799	16,383	12,055	0
OK	800			0	0
OR	64,154				0
PA	3,781	25,737	20,678		2,918
RI	18,794	0	0	2,763	
SC					
SD					
TN	25,767	0	43		0
TX	2,808	19,635	1,653	0	
UT	8,801	0	2,903		
VA	3,265	0	25,293		
VT			6		
WA	0		6,171	778	
WI	1,952	0			
WV	2,373		6,849		
WY	0	55			
	920,518	887,344	354,903	121,698	15,272

Chicago Insurance Company
Physical Therapists
Paid ALAE by Class State

Exhibit 12

GROUP OWNERS & GROUP NON-OWNERS

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK					
AL			3,595	0	
AR	268	84,942	1,643	0	
AZ		0	3,273	0	1,040
CA	229,647	213,039	135,562	64,878	800
CO		0	0	0	
CT		13,239	0	3,065	0
DC					
DE					
FL	8,158	8,167	0	0	
GA	33,568	13,850	1,102		
HI	0				
IA	0	446			
ID	0				
IL	340	39,666	20,539	8,555	0
IN	10,801	24,197	260		0
KS		10,485	0		0
KY		398			
LA	85,034	14,243	6,483	4,781	
MA	17,297	0	0	0	0
MD	279	3,813	5,000		
ME	0				
MI	0	0	19,601	2,694	0
MN	0		4,849	0	0
MO	0				
MS	7,396				
MT					
NC		1,028			
ND					
NE	0				2,803
NH	128,279	50,295	16,657	1,424	0
NJ			4,627	0	
NM	0	7,073	0		
NV	153,137	146,803	24,041	6,172	7,711
NY	34,999	412	16,383	12,055	0
OH	800				0
OK	64,154				0
OR	3,781	21,517	3,527		0
PA	18,794	0	0	2,763	
PR					
RI					
SC	25,767		43		0
SD	2,808	737	1,653	0	
TN	8,801	0	2,903		
TX	3,265	0	25,293		
UT			6		
VA	0		6,171	778	
VI	1,952	0			
VT					
WA	0	55			
	839,324	654,403	303,212	107,164	12,354

Chicago Insurance Company
Physical Therapists
Paid ALAE by Class State

Exhibit 12

REMAINING CLASSES

	<u>2000</u>	<u>2001</u>	<u>2002</u>	<u>2003</u>	<u>2004</u>
AK	0	0	0	0	0
AL	0	0	0	0	0
AR	0	0	0	0	0
AZ	27,971	0	0	0	0
CA	9,506	55,095	0	0	0
CO	0	0	0	0	0
CT	0	24,366	0	0	0
DC	0	0	0	0	0
DE	0	0	0	0	0
FL	4,482	0	0	0	0
GA	0	27,616	0	0	0
HI	0	0	0	0	0
IA	0	0	0	0	0
ID	0	0	0	0	0
IL	0	0	0	0	0
IN	0	0	0	0	0
KS	0	0	0	0	0
KY	19,944	0	0	0	0
LA	0	0	0	856	0
MA	10,765	56,993	22,647	0	0
MD	0	0	0	1,149	0
ME	0	0	0	0	0
MI	0	0	0	5,112	0
MN	0	0	2,329	0	0
MO	0	0	0	0	0
MS	0	0	0	0	0
MT	0	0	0	0	0
NC	0	0	0	0	0
ND	0	0	0	0	0
NE	0	0	0	0	0
NH	2,696	35,329	2,717	0	0
NJ	0	0	0	0	0
NM	0	0	0	0	0
NV	778	1,037	0	7,417	0
NY	2,681	9,388	0	0	0
OH	0	0	0	0	0
OK	0	0	0	0	0
OR	0	4,220	17,150	0	2,918
PA	0	0	0	0	0
PR	0	0	0	0	0
RI	0	0	0	0	0
SC	0	0	0	0	0
SD	0	18,898	0	0	0
TN	0	0	0	0	0
TX	0	0	0	0	0
UT	0	0	0	0	0
VA	0	0	0	0	0
VI	0	0	0	0	0
VT	2,373	0	6,849	0	0
WA	0	0	0	0	0
	81,194	232,941	51,692	14,534	2,918

**MEDICAL RELATED PROFESSIONAL SERVICES PURCHASING
GROUP ASSOCIATION (MRPSPGA)**

Page 5-5 (Rev 12/04)

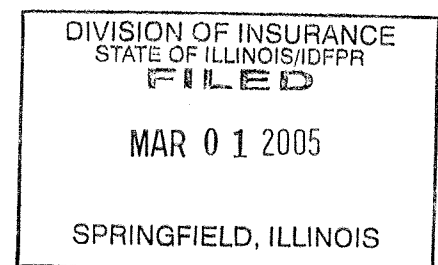
**HOME HEALTH CARE AND
TEMPORARY STAFFING AGENCIES**

**Illinois
HOME HEALTHCARE PROGRAM RATES
for Employees, Independent Contractors and the Agency**

Limit	ANNUAL PER INDIVIDUAL				
	\$200,000/ \$200,000	\$500,000/ \$500,000	\$1,000,000/ \$1,000,000	\$1,000,000/ \$2,000,000	\$1,000,000/ \$3,000,000
Class					
Physical Therapist, Respiratory Therapist	\$507	\$607	\$714	\$764	\$800
Nurse – Temporary Staffing	\$507	\$607	\$714	\$764	\$800
Nurse – Other than Temporary Staffing	\$254	\$303	\$357	\$382	\$400
Nurse Aides, Home Health Aides and Homemakers	\$127	\$152	\$179	\$192	\$200
Medical Technicians/Technologists, Occupational Therapists, Speech Language or Hearing Pathologists, Pharmacists	\$254	\$303	\$357	\$382	\$400

Optional Coverages

Limit	\$200,000/ \$200,000	\$500,000/ \$500,000	\$1,000,000/ \$1,000,000	\$1,000,000/ \$2,000,000	\$1,000,000/ \$3,000,000
General Liability (rates: per location)	\$357	\$437	\$455	\$487	\$510
Personal Injury (rates: per \$100 of payroll including internal staff)	\$0.15	\$0.17	\$0.20	\$0.21	\$0.22
Additional Insureds (rates: per additional insured)	\$127	\$148	\$169	\$181	\$189
Non-owned Auto – apply 15% charge to developed premium					





MAY 01 2007

SPRINGFIELD, ILLINOIS

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
Physical Therapist Program
Occurrence Rates
Effective 5/01/2007

PROFESSIONAL LIABILITY PREMIUM

Occupation	1M / 3M
PHYSICAL THERAPIST	
Employed	182
Self-employed	576
PHYSICAL THERAPY AIDE/ASSISTANT	
Employed/Employee	80
Self-employed	270
EMPLOYEES OF PHYSICAL THERAPY GROUPS	375
INDEPENDENT CONTRACTORS TO PHYSICAL THERAPY GROUPS	50
OWNER OF A GROUP	576

OPTIONAL COVERAGES

1M / 3M

General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150

MAY 01 2007

SPRINGFIELD, ILLINOIS

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
Physical Therapist Program
Occurrence Rates
Effective 5/01/2007

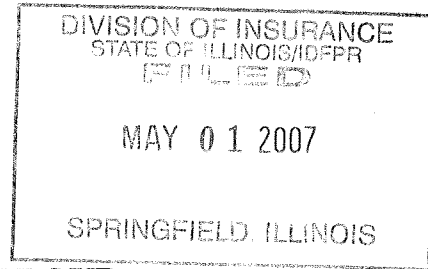
PROFESSIONAL LIABILITY PREMIUM

Occupation	1M / 3M
PHYSICAL THERAPIST Employed Self-employed	182 576
PHYSICAL THERAPY AIDE/ASSISTANT Employed/Employee Self-employed	80 270
EMPLOYEES OF PHYSICAL THERAPY GROUPS INDEPENDENT CONTRACTORS TO PHYSICAL THERAPY GROUPS	375 50
OWNER OF A GROUP	576

OPTIONAL COVERAGES

1M / 3M

General Liability - First Location General Liability - per Additional Location	120 50
Additional Insureds - Professional Liability only Additional Insureds - Professional Liability & General Liability	125 150



CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007

1. Application:

This manual contains the rating rules for all individual Physical Therapist (including Physical Therapy Assistants) members and to groups of Physical Therapists in this purchasing group.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The following Decreased or Increased Limit Factors (DLF's or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals. The sum of these products is the total professional liability premium.

MAY 01 2007

SPRINGFIELD, ILLINOIS

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007

7. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

8. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

9. Independent Contractors Premium:

Premium is computed by multiplying the applicable rate by the number of independently contracted healthcare professionals providing services on behalf of the insured.

10. Modification Schedule:

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

10a. Loss Control/Risk Management Education: Range of 0% to 25%

Physical therapists and physical therapy assistants are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

10b. Claims Experience: Range of +25% to -25%

Based on frequency and severity of claims, including the types and trends for each individual

MAY 01 2007

SPRINGFIELD, ILLINOIS

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007

insured professional and the insured entity as a whole.

11. Additional Limits:

Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

12. Converting from a Claims-Made Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts Period	Prepaid Factor
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

13. Converting to an Occurrence Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pay on an installment basis:

Prior Acts Period	Reporting Period Factors		
	Year 1	Year 2	Year 3
1 Year Prior	0.46	0.26	0.11
2 Years Prior	0.72	0.32	0.14
3 Years Prior	0.78	0.35	0.15
4+ Years Prior	0.81	0.35	0.15

14. Groups:

For purposes of rating, a Group is defined as more than one professional practicing together. An additional 1.15 multiplying factor will be applied to each group policy premium.

15. Workers Compensation Exposure:

The Workers Compensation (WC) exposure is determined by the percentage of time spent by

MAY 01 2007

SPRINGFIELD, ILLINOIS

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007

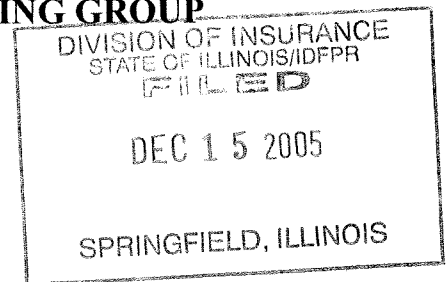
an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40% a 1.20 multiplying factor will be applied to the total premium.

16. Quarterly installments:

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
- c. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- d. Each installment fee paid is fully earned.
- e. No interest charges
- f. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.
- g. Installment payments are due 3, 6 and 9 months from policy inception.

**CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP**

**Physical Therapist Program
Rating Rule Manual
Effective 6/01/2005**



1. Application:

This manual contains the rating rules for all individual Physical Therapist (including Physical Therapy Assistants) members and to groups of Physical Therapists in this purchasing group.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Decreased or Increased Limits:

The following Decreased or Increased Limit Factors (DLF's or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals. The sum of these products is the total professional liability premium.

**CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP**

Physical Therapist Program

Rating Rule Manual

Effective 6/01/2005

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

DEC 15 2005

SPRINGFIELD, ILLINOIS

7. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

8. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

9. Independent Contractors Premium:

Premium is computed by multiplying the applicable rate by the number of independently contracted healthcare professionals providing services on behalf of the insured.

10. Modification Schedule:

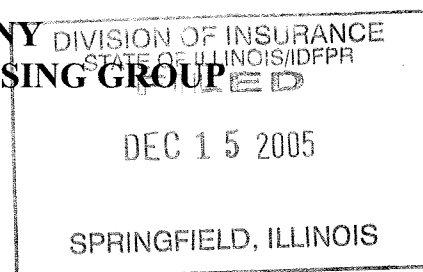
Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

10a. Loss Control/Risk Management Education: Range of 0% to 25%
Physical therapists and physical therapy assistants are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

10b. Claims Experience: Range of +25% to -25%
Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP

Physical Therapist Program
Rating Rule Manual
Effective 6/01/2005



11. Additional Limits:

Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

12. Converting from a Claims-Made Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts Period	Prepaid Factor
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

13. Converting to an Occurrence Policy:

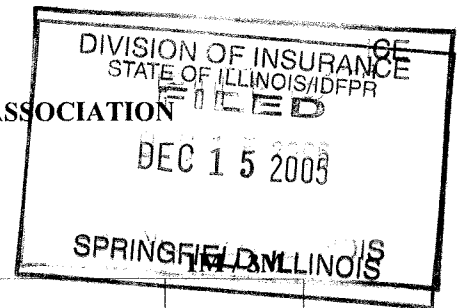
An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pay on an installment basis:

Prior Acts Period	Reporting Period Factors		
	Year 1	Year 2	Year 3
1 Year Prior	0.46	0.26	0.11
2 Years Prior	0.72	0.32	0.14
3 Years Prior	0.78	0.35	0.15
4+ Years Prior	0.81	0.35	0.15

14. Groups:

For purposes of rating, a Group is defined as more than one professional practicing together. An additional 1.15 multiplying factor will be applied to each group policy premium.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP ASSOCIATION
Physical Therapist Program - Annual Rates
Effective 06/01/05
PROFESSIONAL LIABILITY PREMIUM



Occupation

PHYSICAL THERAPIST	
Employed	165
Self-employed	480
PHYSICAL THERAPY AIDE/ASSISTANT	
Employed/Employee	80
Self-employed	270
EMPLOYEES OF PHYSICAL THERAPY GROUPS	375
INDEPENDENT CONTRACTORS TO PHYSICAL THERAPY GROUPS	50
OWNER OF A GROUP	480

OWNERS OF GROUPS OTHER THAN PHYSICAL THERAPISTS:

1M / 3M

ATHLETIC TRAINER, MASSAGE & OTHER THERAPISTS (including CORRECTIVE THERAPIST, HELLER WORKER, ROLFER, STRUCTURAL BODY WORKER)	
Self-employed	1032
DIETICIAN & NUTRITIONIST	
Self-employed	283
MEDICAL TECHNOLOGIST	
Self-employed	398
OCCUPATIONAL THERAPIST	
Self-employed	212
ORTHOPEDIC TECHNICIAN	
Self-employed	938
REHABILITATION COUNSELOR	
Self-employed	450
RESPIRATORY THERAPIST	
Self-employed	318
LPN, LVN, AIDES/ASSISTANTS	
Employed/Employee	89
REGISTERED NURSE - EXCLUDING OB	
Self-employed	350
REGISTERED OBSTETRICAL NURSE	
Self-employed	880
NURSE, ADVANCED PRACTICE	
Obstetrical Advanced Practice Nurse	1152
Psychiatric Advanced Practice Nurse	720
Pediatric/Family Advanced Practice Nurse	936
All Other Advanced Practice Nurses	504

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP ASSOCIATION
Physical Therapist Program - Annual Rates
Effective 06/01/05

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED DEC 15 2005 SPRINGFIELD, ILLINOIS
--

OPTIONAL COVERAGES

1M / 3M

General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150
Non-Owned Automobile - Flat Charge for up to 10 Employees	105
Non-Owned Automobile - Per Employee rate if 11 or more employees	10

MAY 01 2007

SPRINGFIELD, ILLINOIS

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Physical Therapist Program
Occurrence Rates
Effective 5/01/2007

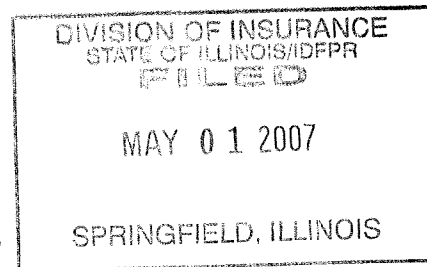
PROFESSIONAL LIABILITY PREMIUM

Occupation:	1M / 3M
PHYSICAL THERAPIST Employed Self-employed	182 576
PHYSICAL THERAPY AIDE/ASSISTANT Employed/Employee Self-employed	80 270
EMPLOYEES OF PHYSICAL THERAPY GROUPS INDEPENDENT CONTRACTOR TO PHYSICAL THERAPY GROUP	375 50
OWNER OF A GROUP	576

OPTIONAL COVERAGES

1M / 3M

General Liability - First Location General Liability - per Additional Location	120 50
Additional Insurdes - Professional Liability Only Additional Insurdes - Professional Liability and General liability	125 150



**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP**

**Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007**

1. Application:

This manual contains the rating rules for all individual Physical Therapist (including Physical Therapy Assistants) members and to groups of Physical Therapists in this purchasing group.

2. Limits:

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

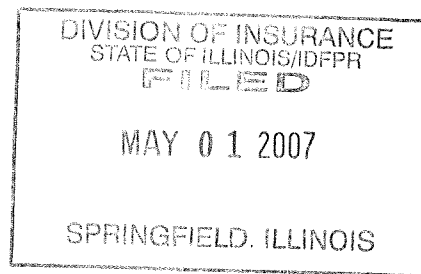
5. Decreased or Increased Limits:

The following Decreased or Increased Limit Factors (DLF's or ILFs) apply to the
\$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of professionals. The sum of these products is the total professional liability premium.



**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007**

7. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 * (n-1)]$$

Where P is the general liability premium, **r₁**, is the first location rate, **r₂**, is the additional location rate, and n is the total number of locations.

8. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

9. Independent Contractors Premium:

Premium is computed by multiplying the applicable rate by the number of independently contracted healthcare professionals providing services on behalf of the insured.

10. Modification Schedule:

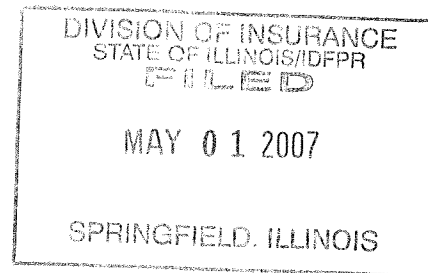
Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

10a. Loss Control/Risk Management Education: Range of 0% to 25%

Physical therapists and physical therapy assistants are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management, or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

10b. Claims Experience: Range of +25% to -25%

Based on frequency and severity of claims, including the types and trends for each individual



**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007**

insured professional and the insured entity as a whole.

11. Additional Limits:

Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

12. Converting from a Claims-Made Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts Period	Prepaid Factor
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

13. Converting to an Occurrence Policy:

An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pay on an installment basis:

Prior Acts Period	Reporting Period Factors		
	Year 1	Year 2	Year 3
1 Year Prior	0.46	0.26	0.11
2 Years Prior	0.72	0.32	0.14
3 Years Prior	0.78	0.35	0.15
4+ Years Prior	0.81	0.35	0.15

14. Groups:

For purposes of rating, a Group is defined as more than one professional practicing together. An additional 1.15 multiplying factor will be applied to each group policy premium.

15. Workers Compensation Exposure:

The Workers Compensation (WC) exposure is determined by the percentage of time spent by

MAY 01 2007

SPRINGFIELD, ILLINOIS

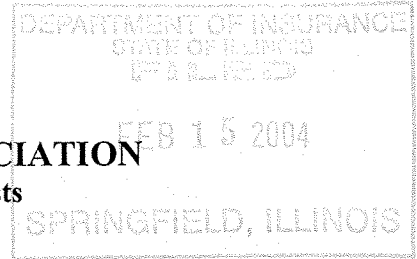
**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP
Physical Therapist Program
Rating Rule Manual
Illinois
Effective 5/01/2007**

an insured professional treating patients who have WC related injuries. If the percentage of time spent treating patients exceeds 40% a 1.20 multiplying factor will be applied to the total premium.

16. Quarterly installments:

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
- c. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- d. Each installment fee paid is fully earned.
- e. No interest charges
- f. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.
- g. Installment payments are due 3, 6 and 9 months from policy inception.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Respiratory Therapists and Rehabilitation Therapists
Rating Rule Manual
Effective 2/15/04



1. **Application:**

This manual contains the rating rules for all members of this purchasing group reflected in title.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

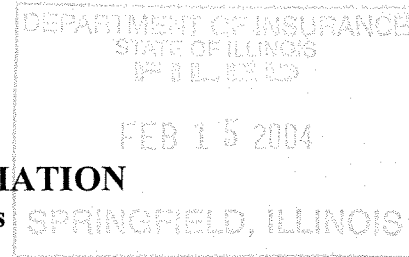
Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Decreased or Increased Limits:**

The following Decreased or Increases Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$6,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Respiratory Therapists and Rehabilitation Therapists
Rating Rule Manual
Effective 2/15/04



6. **Exposure Reduction:**

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Respiratory Therapist

b.) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

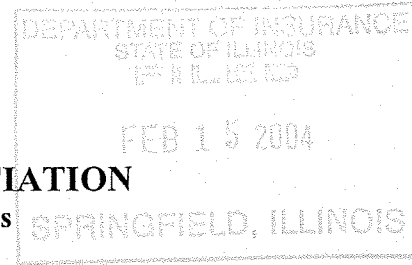
8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Respiratory Therapists and Rehabilitation Therapists
Rating Rule Manual
Effective 2/15/04



9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 is the policy premium.

11. **Group Size:**

Practices which insure more than one professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

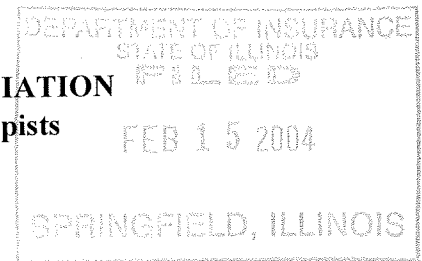
12. **Risk Management Education:**

Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

13. **Additional Limits:**

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Respiratory Therapists and Rehabilitation Therapists
Rates
Effective 2/15/2004



PROFESSIONAL LIABILITY PREMIUM

Occupation	1M / 6M
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT	
Employed/Employee	158
Self-employed	450
Part-time	226
RESPIRATORY THERAPIST	
Employed/Employee	84
Self-employed	318
Part-time	141

ADDITIONAL INSURED'S PROFESSIONAL LIABILITY PREMIUM

Occupation	1M / 6M
REHABILITATION COUNSELOR / THERAPIST / ASSISTANT	172
RESPIRATORY THERAPIST	172

GENERAL LIABILITY PREMIUM

	1M / 6M
First Location	132
per Additional Location	55

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Miscellaneous Therapist Program
Occurrence Rates
Effective 8/01/2007**

PROFESSIONAL LIABILITY PROGRAM

Occupation:

Medical Technologist	1M/3M
Employed	114
Employee	138
Self-employed Full-time	526
Self-employed Part-time	233

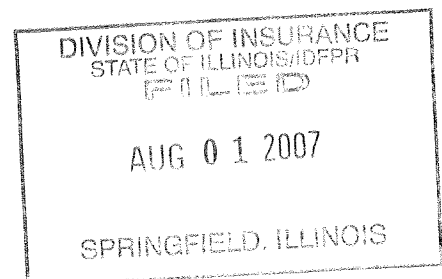
Occupational Therapist	1M/3M
Employed/Employee	85
Self-employed Full-time	270
Self-employed Part-time	126

Respiratory Therapist	1M/6M
Employed/Employee	92
Self-employed Full-time	350
Self-employed Part-time	210

Optometrist

TERRITORY I	1M/3M
Self-employed Full-time	613
Self-employed Part-time	460
Employed	511

Alabama, Alaska, Arizona, Arkansas, Delaware, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Mississippi, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming



**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Miscellaneous Therapist Program
Occurrence Rates
Effective 8/01/2007**

PROFESSIONAL LIABILITY PROGRAM

OPTOMETRIST CONTINUED

TERRITORY II

1M/3M

Self-employed	Full-time	736
Self-employed	Part-time	552
Employed		613

Colorado

Georgia

Illinois, *other than Cook County*

Massachusetts, *other than Norfolk and Suffolk Counties*

Michigan, *other than Wayne County*

Minnesota

Missouri

Nevada

New Jersey, *other than Camden, Hudson, Essex, Union, and Mercer Counties*

Pennsylvania, *other than Philadelphia County*

Texas, *other than Dallas and Harris Counties*

TERRITORY III

1M/3M

Self-employed	Full-time	1,172
Self-employed	Part-time	880
Employed		977

Illinois: *Cook County*

Louisiana

Massachusetts: *Norfolk and Suffolk Counties*

New Jersey: *Camden, Hudson, Essex, Union, and Mercer Counties*

Pennsylvania: *Philadelphia County*

Texas: *Dallas and Harris Counties*

TERRITORY IV

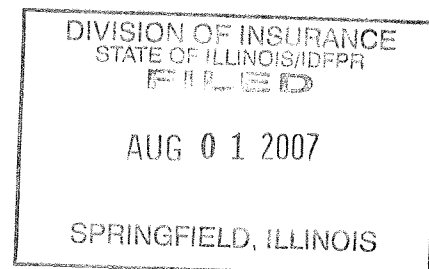
1M/3M

Self-employed	Full-time	2,066
Self-employed	Part-time	1,550
Employed		1,722

Connecticut

District of Columbia

Michigan: *Wayne County*



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals - Illinois
Rating Rule Manual
Effective 08-01-2007

1. **Application:**

This manual contains the rating rules for all members of this purchasing group, except for the following classes: Allied Health Professionals other than Physical Therapist, Optometrist and Mental Health Specialists, Respiratory Therapists, Rehabilitation Therapists and Student Blanket.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

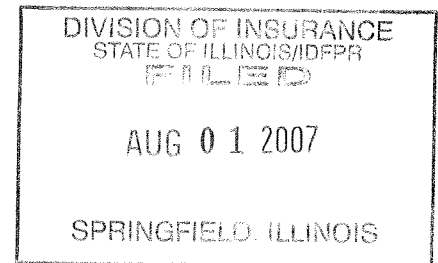
4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Decreased or Increased Limits:**

The following Decreased or Increases Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals - Illinois
Rating Rule Manual
Effective 08-01-2007

6. **Exposure Reduction:**

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Athletic Trainer

Dietician

Occupational Therapist

Pharmacists

b.) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

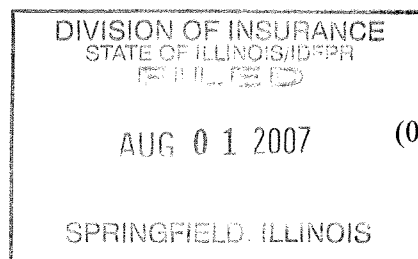
Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.



**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

Allied Health Professionals - Illinois

Rating Rule Manual

Effective 08-01-2007

10. Policy Premium:

The sum of the premiums developed by rules: 7, 8, 9 and 10 is the policy premium.

11. Group Size:

Except for Occupational Therapists, practices which insure more than one professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. Risk Management Education:

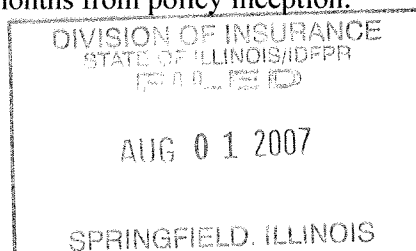
Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be 10% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

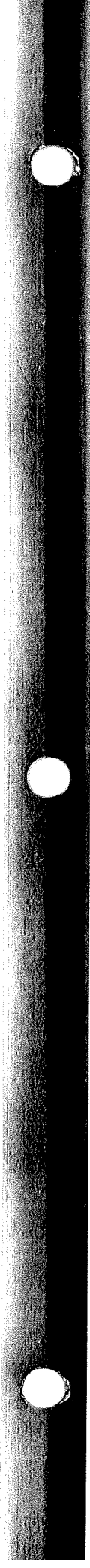
13. Additional Limits:

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

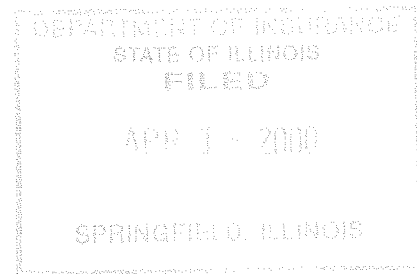
14. Quarterly installments:

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
- c. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- d. Each installment fee paid is fully earned.
- e. No interest charges
- f. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.
- g. Installment payments are due 3, 6 and 9 months from policy inception.





GENERAL PACKET



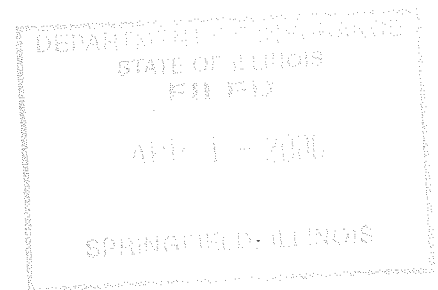
**CHICAGO INSURANCE COMPANY
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP
Rate Filing Memorandum
Effective 4-1-2000**

Members of The American Dietetic Association will be insured in this new risk purchasing group. We are requesting an April 1, 2000 effective date. Coverage is provided on an Occurrence basis.

Rate/Rating Rule:

Rating rules for members of The American Dietetic Association are contained in this filing. These rating rules are identical to those approved by your department in the AHPGA.

The attached Rate Pages reflect the base rates for Professional and General Liability at \$1M/5M. Other available limits of liability can be determined by applying the DLFs/ILFs contained in this filing. Please see the Actuarial Memorandum attached to this filing. Also attached are rates for optional Additional Insured and Non-Owned Auto coverages.



**CHICAGO INSURANCE COMPANY
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP
Rating Rule Manual
Effective 7-1-2005**

1. **Application:**

This manual contains the rating rules for all members of this purchasing group.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate. The following limits apply to other coverages:

Coverage	Limit of Liability (Individual)	Limit of Liability (Group)
Supplemental Liability	Equal to Professional Liability	N/A
First Party Assault	\$5,000 each assault / \$10,000 aggregate	\$5,000 each assault / \$10,000 aggregate
Licensing Board Reimbursement	\$5,000 per proceeding / \$10,000 aggregate	\$5,000 per proceeding / \$10,000 aggregate
Wage Loss and Expense	\$10,000 aggregate	\$10,000 aggregate
Deposition Expense Reimbursement	\$5,000 aggregate	\$5,000 aggregate
First Aid Reimbursement	\$2,500 aggregate	\$2,500 aggregate
Damage to Property of Others	\$500 aggregate	N/A
Medical Payments	\$10,000 per person / \$100,000 aggregate	N/A

3. **Rounding:**

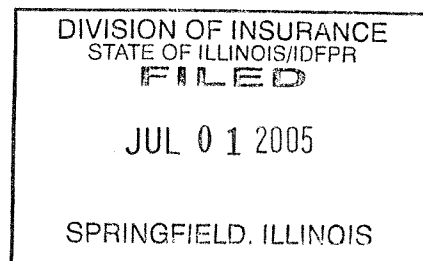
Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.



**CHICAGO INSURANCE COMPANY
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP
Rating Rule Manual
Effective 7-1-2005**

5. **Decreased or Increased Limits:**

The following Decreased or Increased Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$5,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$5,000,000	1.00
\$2,000,000 / \$5,000,000	1.22

6. **Exposure Reduction:**

Reduced rates apply to Dietitians engaged in practices that reduce the risk of loss. If a Dietitian qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to Dietitians who have graduated within one year prior to the policy effective date. The rate shall be 50% of the rate shown on the rate page.

b.) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

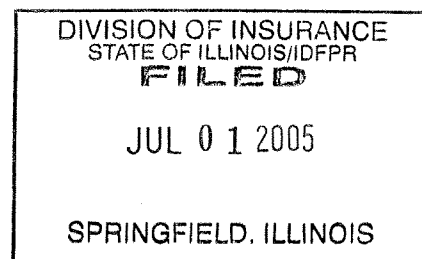
The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum



**CHICAGO INSURANCE COMPANY
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP
Rating Rule Manual
Effective 7-1-2005**

of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \bullet (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

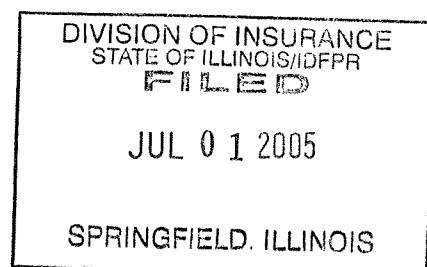
10. **Policy Premium:**

The sum of the premiums developed by rules: 7 and 8 above is the policy premium.

11. **Group Size:**

Practices that insure more than one professional (a group) under one policy are eligible for a premium credit. This credit is based upon the number of professionals insured under such a group policy and applied according to the following schedule:

Number of Professionals	Credit
2 - 9	4.00%
10 - 14	8.00%
15+	12.00%



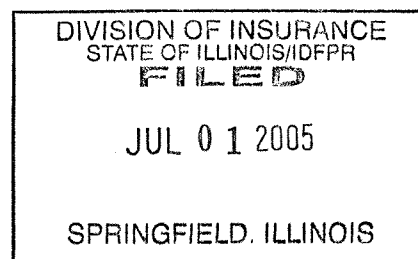
**CHICAGO INSURANCE COMPANY
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP
Rating Rule Manual
Effective 7-1-2005**

12. Risk Management Education:

Dietitians are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively Aseminar≡). Such Aseminar≡ must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a Aseminar≡ for this credit to apply.

13. Additional Limits:

Groups with limits of liability equal to or less than \$1,000,000 / \$5,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.



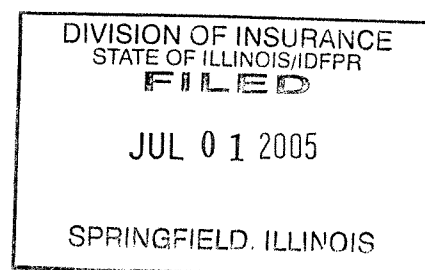
**CHICAGO INSURANCE COMPANY
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP**

**Rates
Effective 7-1-2005**

PREMIUM

<u>1M/5M</u>	
PROFESSIONAL LIABILITY	
Employed/Employee	71.
Self-employed	118.
Part-time	90.
Student	20.
GENERAL LIABILITY	
First Location	120.
Additional Locations (each)	50.

Note: Refer to Rating Rule Manual for DLFs/ILFs

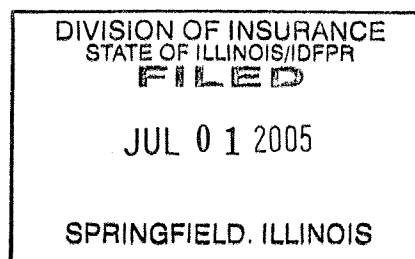


**CHICAGO INSURANCE COMPANY
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP**

**Rates
Effective 7-1-2005**

PREMIUM

	<u>200/600</u>	<u>500/1M</u>	<u>1M/5M</u>	<u>2M/5M</u>
ADDITIONAL INSURED PROFESSIONAL LIABILITY (each)	110.	129.	156.	183.

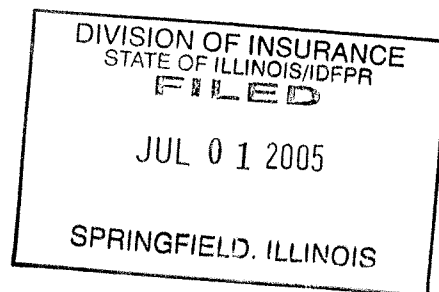


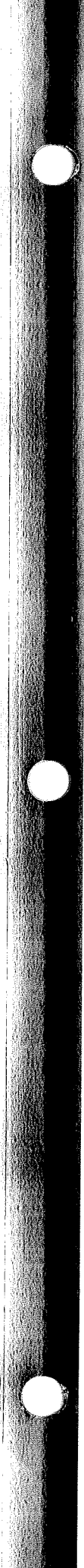
**THE FIREMAN'S FUND INSURANCE COMPANIES
THE AMERICAN DIETETIC ASSOCIATION
RISK PURCHASING GROUP**

Rates
Effective 7-1-2005

PREMIUM

DIETITIAN	<u>200/600</u>	<u>500/1M</u>	<u>1M/5M</u>	<u>2M/5M</u>
PROFESSIONAL LIABILITY				
Employed/Employee	50.	59.	71.	87.
Self-employed	84.	98.	118.	144.
Part-time	64.	75.	90.	110.
Student	14.	17.	20.	24.
GENERAL LIABILITY				
First Location	85.	100.	120.	140.
Additional Locations (each)	36.	42.	50.	59.
ADDITIONAL INSURED PROFESSIONAL LIABILITY (each)	110.	129.	156.	183.





CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Audiologist and Speech/Hearing Pathologist
Rating Rule Manual
Effective 11-1-1999

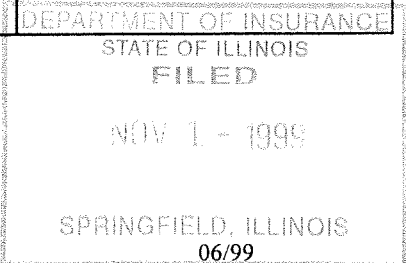
1. **Application:**

These pages contain the rules for writing professional liability for Audiology and Speech/Hearing Pathology Professionals including Audiologists and Speech/Hearing Therapists.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate. The following limits apply to other coverages:

Coverage	Limit of Liability (Individual)	Limit of Liability (Group)
Supplemental Liability	Equal to Professional Liability	N/A
General Liability (Optional)	Part of Professional Liability Limits	Part of Professional Liability Limits
Non-owned Auto Liability (Optional)	N/A	Part of Professional Liability Limits
First Party Assault	\$5,000 each assault / \$10,000 aggregate	\$5,000 each assault / \$10,000 aggregate
Licensing Board Reimbursement	\$5,000 per proceeding / \$10,000 aggregate	\$5,000 per proceeding / \$10,000 aggregate
Wage Loss and Expense	\$10,000 aggregate	\$10,000 aggregate
Deposition Expense Reimbursement	\$5,000 aggregate	\$5,000 aggregate
First Aid Reimbursement	\$2,500 aggregate	\$2,500 aggregate
Damage to Property of Others	\$500 aggregate	N/A
Medical Payments	\$1,500 per person / \$75,000 aggregate	N/A



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Audiologist and Speech/Hearing Pathologist
Rating Rule Manual
Effective 11-1-1999

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

6. **General Liability Premium:**

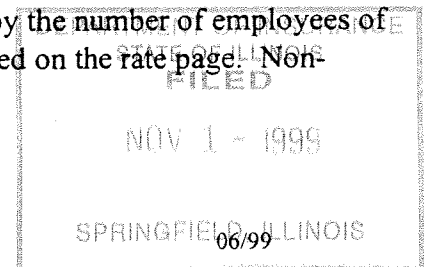
Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \bullet (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations

7. **Non-Owned Auto Premium:**

Premium is computed by multiplying the applicable rate by the number of employees of the Named Insured, subject to the minimum premium stated on the rate page. Non-owned automobile coverage is available to groups.



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Audiologist and Speech/Hearing Pathologist
Rating Rule Manual
Effective 11-1-1999

8. **Additional Insured Premium:**

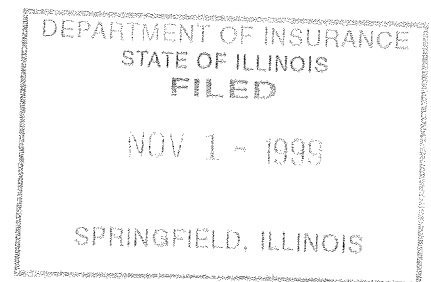
Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

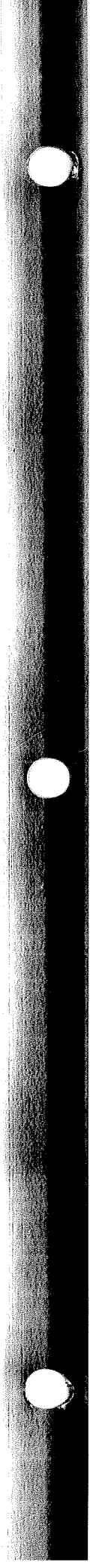
9. **Policy Premium:**

The sum of the premiums developed by rules: 5, 6, 7 and 8 above is the policy premium.

10. **Risk Management Education:**

Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 10% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.





**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
MENTAL HEALTH SPECIALISTS PROGRAM
PROFESSIONAL LIABILITY RATES**

ILLINOIS

<u>Counselors & Psychologists</u>	Rates Per Person			
	<u>200K/200K</u>	<u>500K/500K</u>	<u>1M/1M</u>	<u>1M/3M</u>
<u>Employed - Individual</u>				
Employed Counselor	173	214	297	331
Employed School Counselor (k-12)	104	131	185	203
Employed Psychologist	843	979	1,271	1,429
 <u>Self - Employed and Groups</u>				
Per partner, director, owner, officer and self-employed				
-Counselor	288	313	410	441
-Psychologist	843	979	1,271	1,429
-Other Professional	320	348	455	490
Per employee of a self-employed individual or group				
-Counselor	288	313	410	441
-Psychologist	843	979	1,271	1,429
-Other Professional	56	66	70	76
Per Independent Contractor	20	23	30	34
First Additional Insured	73	85	97	103
Each Subsequent Additional Insured	19	21	24	26

The following optional coverages are only available to insureds who are groups or self-employed. The limit of the optional coverage must equal the professional liability limit.

For Non-Owned Automobile coverage, a flat rate applies to insureds with 0 - 10 employees. For insureds with 11 or more employees the premium is calculated based on the rate shown multiplied by the total number of employees, including clerical.

<u>Coverages</u>	<u>Limit Options</u>			
	<u>200k/200k</u>	<u>500k/500k</u>	<u>1M/1M</u>	<u>1M/3M</u>
General Liability				
First Location	89	105	118	120
Each Subsequent Location	36	42	47	48
Non-Owned Automobile				
0 - 10 Employees (Flat Charge)	62	72	83	83
11 or more Employees (each employees)	6	7	8	8

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
MENTAL HEALTH SPECIALISTS PROGRAM
PROFESSIONAL LIABILITY RATES**

<u>SOCIAL WORKERS</u>	Rates Per Person			
	<u>200K/200K</u>	<u>500K/500K</u>	<u>1M/1M</u>	<u>1M/3M</u>
<u>Employed - Individual</u>				
Employed Social Worker	158	185	195	225
 <u>Self - Employed and Groups</u>				
Per partner, director, owner, officer or Independent Contractor				
Self-Employed Social Worker				
- Full-time (over 16 hours/week)	387	452	477	550
- Part-time (16 hours or less/week)	229	267	282	325
 <u>Optional Coverage</u>				
Each Additional Insured	110	129	147	156
General Liability; First Location	89	105	118	120
General Liability; Each subsequent Location	36	42	47	48
Non-Owned Auto; 1-10 Employees (flat)	62	72	83	83
Non-Owned Auto; over 10 Employees (each)	6	7	8	8

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
MENTAL HEALTH SPECIALISTS PROGRAM
PROFESSIONAL LIABILITY RATES
Effective 2/15/2004
ILLINOIS**

EMPLOYED COUNSELORS

	200K / 200K	500K / 500K	1M / 1M	1M / 3M
Individual Rates Per Person				
Employed Counselor	172	212	294	328
Drug & Alcohol Counselor	97	149	210	226
School Counselor (k-12)	103	130	184	201
Employed Social Worker	143	156	205	220
School Social Worker	86	96	128	135

SELF-EMPLOYED AND GROUPS

Per partner, director, owner, officer and self-employed:

Counselor	295	320	419	451
Drug & Alcohol Counselor	97	149	210	226
Social Worker	197	215	282	303
*Other Professional	295	320	419	451

Per employee of self-employed individual or group:

Counselor	295	320	419	451
*Other Professional	62	73	77	84

Per Independent Contractor	22	25	33	37
First Additional Insured	80	94	107	113
Each Subsequent Additional Insured	21	23	26	29

** Does not include Psychologists or Social Workers*

The following optional coverages are only available to insureds who are groups or self-employed. The limit of the optional coverage must equal the professional liability limit.

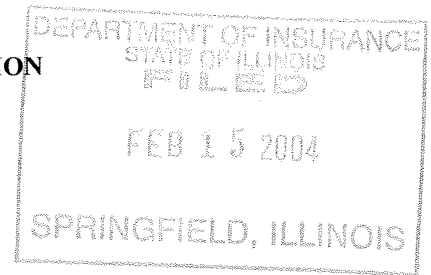
<u>COVERAGES</u>	Limit Options			
	200K / 200K	500K / 500K	1M / 1M	1M / 3M
General Liability				
First Location	98	116	130	132
Each Subsequent Location	40	46	52	53

ANY PSYCHOLOGIST

In the State of: ILLINOIS

Rates Per Person	200K / 200K	500K / 500K	1M / 1M	1M / 3M
	927	1,077	1,398	1,572

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
MENTAL HEALTH SPECIALISTS PROGRAM
PROFESSIONAL LIABILITY RATES
Effective 2/15/2004
ILLINOIS**



EMPLOYED COUNSELORS

	200K / 200K	500K / 500K	1M / 1M	1M / 3M
Individual Rates Per Person				
Employed Counselor	172	212	294	328
Drug & Alcohol Counselor	97	149	210	226
School Counselor (k-12)	103	130	184	201
Employed Social Worker	143	156	205	220
School Social Worker	86	96	128	135

SELF-EMPLOYED AND GROUPS

Per partner, director, owner, officer and self-employed:

Counselor	295	320	419	451
Drug & Alcohol Counselor	97	149	210	226
Social Worker	197	215	282	303
*Other Professional	295	320	419	451

Per employee of self-employed individual or group:

Counselor	295	320	419	451
*Other Professional	62	73	77	84

Per Independent Contractor	22	25	33	37
First Additional Insured	80	94	107	113
Each Subsequent Additional Insured	21	23	26	29

** Does not include Psychologists or Social Workers*

The following optional coverages are only available to insureds who are groups or self-employed. The limit of the optional coverage must equal the professional liability limit.

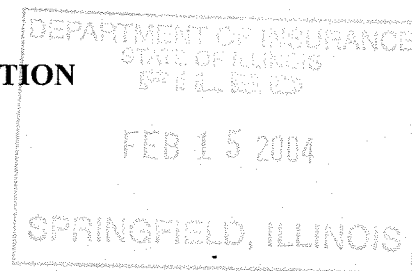
<u>COVERAGES</u>	Limit Options			
	200K / 200K	500K / 500K	1M / 1M	1M / 3M
General Liability				
First Location	98	116	130	132
Each Subsequent Location	40	46	52	53

ANY PSYCHOLOGIST

In the State of: ILLINOIS

Rates Per Person	200K / 200K	500K / 500K	1M / 1M	1M / 3M
	927	1,077	1,398	1,572

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
MENTAL HEALTH SPECIALISTS PROGRAM
RATING GUIDELINES
Effective 2/15/04**



1. APPLICATION OF THESE RULES

These pages contain the rules and rates for writing professional liability insurance for professional counselors, psychologists and social workers.

2. PREMIUM COMPUTATION

The premium shall be computed by applying the appropriate rate per person to the total number of individuals who are named insureds, partners of an insured partnership, officers and shareholders of an insured professional corporation or employed professional of any named insured.

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down
- b. any amount involving \$.50 or more shall be rounded up

4. ADDITIONAL/RETURN PREMIUM

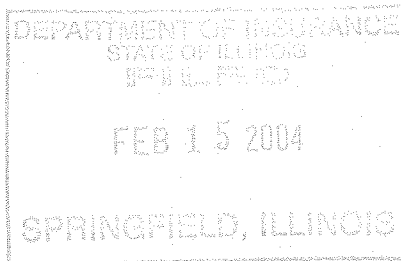
Prorate all changes requiring additional or return premium. Apply the rates and rules that were in effect at the inception date of the current policy period.

5. PART-TIME PRACTICE

A part-time rate will apply to self-employed professionals or rateable members of a group who work 20 hours or less per week. The part-time rate is 65% of the full-time rate and applies to each qualified individual.

6. NEW PRACTITIONER

The rate for professionals who begin working in their profession upon completion of their schooling will be 75% of the applicable professional rate.

7. SIZE OF FIRM

If the named insured is a group, corporation or self-employed with employees, a premium credit may be applied to the developed premium, subject to the following:

Number of rateable <u>Owners & Employees</u>	Premium <u>Credit</u>
1 - 2	0%
3 - 5	4%
6 - 10	6%
11 - 15	8%
16 - 20	10%
Over 20	Refer

8. RISK MANAGEMENT

A credit will apply for the attendance at a Risk Management Workshop or risk management self-study course that is approved by the Company. The credit is 10% of the professional liability premium and is applied for a period of two years. For groups, at least half of the professional members must have participated in risk management within the previous sixteen months to qualify for this credit.

A one-time credit of 10% will be applied for an applicant who has completed and passed the National Board Certified Counselor examination.

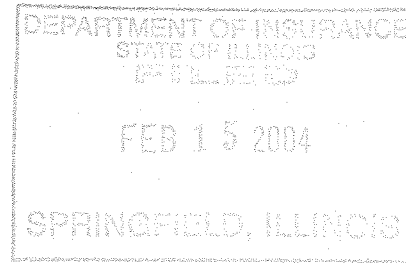
At no time will the total risk management credit for any policy exceed 10%.

9. GROUP, PARTNERSHIP OR CORPORATION

A charge will apply to all groups, partnerships or corporations if not all of its owners, partners, or officers are insured under the entity's policy. The charge is 10% of the developed premium that would apply as a CIC insured for those individuals not insured under the entity's policy.

11. INCREASED LIMIT OF LIABILITY

The factor of 0.17 is applied to the appropriate \$1,000,000 per occurrence or incident, \$3,000,000 aggregate to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability.



12. MODIFICATION SCHEDULE

The hazards vary with the organization, loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus or minus 25%.

- a. Loss Control/Risk Management range -25% to 0
Based on attendance at an approved risk management seminar or loss control program within the facility. The modification is applied to the rateable owners and employee's premium.
- b. Claims Experience range -25% to +25%
The number of claims, severity of claims and type of claims for each individual and the risk as a whole.

13. A 5% credit will be applied to the premium if the insured has also purchased a Business Owners Liability Policy.

14. OPTIONAL COVERAGES

The following optional coverages are only available to insureds who are groups or self-employed. The limit of the optional coverage must equal the professional liability limit.

<u>Coverages</u>	<u>Limit Options</u>			
	<u>200k/200k</u>	<u>500k/500k</u>	<u>1M/1M</u>	<u>1M/3M</u>
General Liability				
First Location	89	105	118	120
Each Subsequent Location	36	42	47	48

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

**Student Blanket
Rating Rule Page
Effective 8-1-96**

E. Risk Management Education (-10%)

The institution's curriculum develops knowledge of professional liability exposures and loss management techniques in a professional practice.

Criteria: The length of time that the institution has had as a requirement of its professional curriculum the participation in a risk management and/or legal issues course.

<u>Number of Years</u>	<u>Modifier</u>
More than three years	-10%
1 - 3 years	-5%
Less than one year or non-existent	0%

6. A minimum policy premium \$400 applies.
7. The addition of the educational institution, as an insured, carries an additional premium charge of 25% of the policy premium. When this addition is made, the minimum policy premium is \$500.
8. All policies are auditable at expiration. Multi-year policies, when estimated premiums are not paid at the policy's inception, are also auditable annually.
3. Biannual premiums are 194 percent of the annual premium, provided the estimated policy premium is paid at the policy's inception.
4. Triennial premiums are 280 percent of the annual premium, provided the estimated policy premium is paid at the policy's inception.

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

**Student Blanket
Rating Rule Page
Effective 8-1-96**

Class II Specialties

'Student/Graduate' Art Therapist
'Student/Graduate' Athletic Trainer
'Student/Graduate' Audiologist
'Student/Graduate' Bio-Medical Technician
'Student/Graduate' Blood Bank Technologist
'Student/Graduate' Cardiology Technician
'Student/Graduate' Certified Laboratory Assistant
'Student/Graduate' Child Care Assistant
'Student/Graduate' Child Development and/or Family Services
'Student/Graduate' Clinical Laboratory Technologist
'Student/Graduate' Community Health Intern
'Student/Graduate' Cosmetologist
'Student/Graduate' Counselors
'Student/Graduate' Dance Therapist
'Student/Graduate' Dental Assistant
'Student/Graduate' Dental Hygienist
'Student/Graduate' Dental Laboratory Technician
'Student/Graduate' Diagnostic Medical Sonographer
'Student/Graduate' Dietitian
'Student/Graduate' Drug and Alcohol Counselor
'Student/Graduate' EEG Technician
'Student/Graduate' Enterostomal Therapist
'Student/Graduate' Geriatric Nursing Assistant
'Student/Graduate' Health Educators
'Student/Graduate' Hemodialysis Technician
'Student/Graduate' Histologic Technician
'Student/Graduate' Laboratory Aide
'Student/Graduate' Long Term Health Care Administration
'Student/Graduate' LPN/LVN
'Student/Graduate' Marriage and Family Counselors
'Student/Graduate' Massage Therapist
'Student/Graduate' Medical Assistant
'Student/Graduate' Medical Administrative Assistant
'Student/Graduate' Medical Laboratory Technician
'Student/Graduate' Medical Technologist

APR 23 1999

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

Student Blanket

Rating Rule Page

Effective 8-1-96

'Student/Graduate' Medical Technical Assistant
'Student/Graduate' Music Therapist
'Student/Graduate' Nurses Aide
'Student/Graduate' Nursing Assistant
'Student/Graduate' Nuclear Medical Technologist
'Student/Graduate' Occupational Therapist
'Student/Graduate' Optometric Technician
'Student/Graduate' Optometrist
'Student/Graduate' Orthopedic Assistant
'Student/Graduate' Pastoral Counselors
'Student/Graduate' Personnel and/or Guidance Counselors
'Student/Graduate' Pharmacist
'Student/Graduate' Phlebotomist
'Student/Graduate' Physical Therapist
'Student/Graduate' Physical Therapist Assistant
'Student/Graduate' Psychiatric Nurse
'Student/Graduate' Psychiatric Technologist
'Student/Graduate' Psychologist
'Student/Graduate' Radiologic Technologist
'Student/Graduate' Recreational Therapist
'Student/Graduate' Registered Nurse
'Student/Graduate' Rehabilitation Assistant
'Student/Graduate' Respiratory Therapist
'Student/Graduate' Respiratory Therapy Technician
'Student/Graduate' Speech-Language Pathologist
'Student/Graduate' Social Worker
'Student/Graduate' Surgical Technologist
'Student/Graduate' Ultrasound Technologist

Class I Specialties

'Student/Graduate' Circulatory Technician
'Student/Graduate' Emergency Medical Technician
'Student/Graduate' Paramedic
'Student/Graduate' Nurse Practitioner
'Student/Graduate' Physician Assistant
'Student/Graduate' Surgeon Assistant

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
RATING GUIDELINES

1. **APPLICATION OF THESE RULES**

These pages contain the rules and rates for writing professional liability for miscellaneous therapists and pharmacists.

2. **PREMIUM COMPUTATION**

Professional liability premium shall be computed by applying the appropriate rate per person to the total number of individuals who are named insureds, partners of an insured partnership and officers of an insured professional corporation or employed professional of any named insured.

General liability (optional) premium shall be computed by applying the appropriate rate(s) per location to the total number of locations.

Non-owned Automobile Liability (optional) premium shall be computed by applying the appropriate rate(s) to the total number of individuals who are named insureds, partners of an insured partnership and officers of an insured professional corporation or employed person of any named insured.

Additional insured (optional) premium shall be computed by applying the appropriate rate to each additional insured.

3. **ROUNDING RULE**

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down
- b. any amount involving \$.50 or more shall be rounded up

4. **ADDITIONAL/RETURN PREMIUM**

Prorate all changes requiring additional or return premium. Apply the rates and rules that were in effect at the inception date of the current policy period.

5. **PART-TIME PRACTICE**

A part-time rate will apply, if listed on the rate page, to professionals who are only self-employed 20 hours or less per week, or who are employed and self-employed 10 hours or less per week.

6. For pharmacists only, a risk management premium credit of 10% will be considered based upon a review of the submissions: attendance at risk management seminars; in-house loss prevention/control programs; policy and procedure manuals.
7. For sports medicine therapists only a professional certification credit of up to 25% will apply. There are requirements in each state for sports medicine therapists which must be met in order to be licensed. Additionally the discipline's national and/or state organization establishes criteria for certification. The criteria can vary from additional studies to additional time in internship. Because of this variance in requirements on both a state and national level, a credit of up to 25% will apply for those meeting the certification criteria.

THE FOLLOWING RATING GUIDELINES ARE APPLICABLE ONLY TO OPTOMETRISTS:

8.
 - A. Rates for part-time self-employed optometrists who work 20 hours or less per week are 75% of full-time rates.
 - B. Optometrists who purchase package insurance coverage from FFIC are eligible for rates 84% of rates for optometrists who do not purchase the coverage, because products liability is excluded.
 - C. Optometrists who participate in risk management activities are eligible for rates 90% of the rates for optometrists who do not participate.
 - D. Rates for graduating students are computed at 75% of filed rates.

**PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTICIANS, PHYSICAL THERAPISTS AND ALL OTHER
ALLIED HEALTH THERAPISTS
EFFECTIVE JANUARY 1, 1996**

<u>Occupation</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
PHARMACISTS				
Employed	105.	124.	141.	151.
Consulting	287.	333.	382.	407.
Consulting - Part-Time Self-Employed	139.	162.	185.	197.
Retail Druggists	287.	333.	382.	407.
REHABILITATION COUNSELORS				
Employed	97.	102.	133.	144.
Self-Employed	285.	294.	383.	409.
Part-Time Self-Employed	163.	171.	223.	238.
Employee Rates	98.	101.	131.	143.
SPEECH/HEARING THERAPISTS				
Employed	43.	50.	57.	79.
Self-Employed	78.	91.	105.	143.
Employee Rates	28.	32.	36.	39.
ATHLETIC TRAINERS & MASSAGE THERAPISTS				
Self-Employed	679.	790.	887.	938.
Part-Time Self-Employed	290.	337.	377.	399.
Employed	141.	163.	183.	194.
DENTAL HYGIENISTS				
Self-Employed	188.	219.	238.	252.
Employed	50.	57.	62.	66.
Part-Time Self-Employed	84.	97.	105.	111.
OPTICIANS				
Self-Employed	210.	248.	282.	299.
Employed	122.	144.	164.	174.
Part-Time Self-Employed	158.	186.	212.	224.

**PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTICIANS, PHYSICAL THERAPISTS AND ALL OTHER
ALLIED HEALTH THERAPISTS
EFFECTIVE JANUARY 1, 1996**

<u>Occupation</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
DIETICIAN				
Self-Employed	205.	239.	275.	283.
Part-Time Self-Employed	91.	106.	121.	132.
Employed	54.	62.	72.	76.
Employees	53.	62.	72.	77.
OCCUPATIONAL THERAPISTS				
Employed & Self-Employed 10 Hours or Less Per Week	91.	106.	121.	132.
Employed & Self-Employed More Than 10 Hours Per Week	154.	179.	206.	212.
Only Self-Employed 20 Hours or Less Per Week	68.	80.	91.	99.
Only Self-Employed 20 Hours Per Week	154.	179.	206.	212.
Employees	53.	62.	72.	77.
Employed	54.	62.	72.	76.
PHYSICAL THERAPIST EMPLOYEES OF NON-PHYSICAL FIRM	139.	163.	187.	198.
NURSE - GENERAL DUTY	63.	73.	84.	89.
SPORTS MEDICINE THERAPISTS				
Self-Employed	1000.	1164.	1307.	1383.
Employees Rate	205.	239.	268.	284.
Employed	227.	264.	297.	314.

**PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTICIANS, PHYSICAL THERAPISTS AND ALL OTHER
ALLIED HEALTH THERAPISTS
EFFECTIVE JANUARY 1, 1996**

<u>Occupation</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
MEDICAL TECHNOLOGISTS				
Self-Employed	250.	290.	314.	332.
Part-Time Self-Employed	110.	128.	138.	147.
Employed	67.	76.	82.	87.
Employees	64.	76.	81.	86.
RESPIRATORY THERAPISTS				
Self-Employed	217.	252.	273.	289.
Part-Time Self-Employed	96.	111.	120.	128.
Employed	58.	66.	71.	76.
Employees	56.	66.	70.	75.
OTHER ALLIED HEALTH				
Self-Employed	239.	277.	300.	318.
Part-Time Self-Employed	106.	122.	132.	141.
Employed	64.	73.	78.	84.
Employees	62.	73.	77.	83.
ADDITIONAL INSURED (Each)				
1. Speech & Hearing	100	118	134	142
2. Sports Medicine	135	159	181	192
3. All Other Occupations	110	129	147	156

**PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTICIANS, PHYSICAL THERAPISTS AND ALL OTHER
ALLIED HEALTH THERAPISTS
EFFECTIVE JANUARY 1, 1996**

GENERAL LIABILITY	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>
1. SPEECH & HEARING Additional Locations	73. 29.	83. 33.	95. 38.
2. OCCUP. THERAPISTS AND DIETICIANS Additional Locations	107. 44.	125. 51.	144. 58.
3. REHAB. COUNSELORS Additional Locations	147. 59.	174. 69.	198. 79.
4. DENTAL HYGIENISTS Additional Locations	98. 40.	116. 46.	132. 53.
5. SPORTS MEDICINE THERAPISTS Additional Locations	134. 54.	159. 64.	182. 73.
6. ALL OTHER OCCUPATIONS Additional Locations	112. 45.	133. 53.	152. 61.
NON-OWNED AUTO LIABILITY	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>
1. SPEECH & HEARING If over 10 employees - submit to company	50.	57.	65.
2. OCCUP. THERAPISTS AND DIETICIANS If over 10 employees - rate per person	74. 7.	86. 8.	99. 9.
3. REHAB. COUNSELORS If over 10 employees - rate per person	102. 10.	119. 11.	138. 13.

PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTICIANS, PHYSICAL THERAPISTS AND ALL OTHER
ALLIED HEALTH THERAPISTS
EFFECTIVE JANUARY 1, 1996

NON-OWNED AUTO LIABILITY (cont'd)	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>
4. DENTAL HYGIENISTS If over 10 employees - rate per person.	68. 7.	79. 8.	91. 9.
5. SPORTS MEDICINE THERAPISTS If over 10 employees - submit to company	104.	121.	140.
6. ALL OTHER OCCUPATIONS If over 10 employees - rate per person	78. 8.	91. 9.	105. 10.

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

Physician Assistants

Rates

Effective 06/01/05

DIVISION OF INSURANCE
STATE OF ILLINOIS/IDFPR
FILED

DEC 15 2005

SPRINGFIELD, ILLINOIS

PROFESSIONAL LIABILITY PREMIUM

TERRITORY I: Rest of Country *

100K / 300K 200K / 600K 500K / 1M 1M / 3M

CLASS I	926	1,144	1,584	1,960
CLASS II	1,850	2,350	3,165	3,919
CLASS III	2,220	2,820	3,798	4,703
CLASS IV	72	96	N/A	151

TERRITORY II: California, Florida (Dade and Broward), Illinois (Cook), Texas (Dallas, Fort Worth, Houston, Galveston, Beaumont, McAllen, Brownsville, and Harlingen), and New York (Bronx, Kings, Nassau, New York, Queens, Richmond, and Suffolk).

100K / 300K 200K / 600K 500K / 1M 1M / 3M

CLASS I	1,568	1,960	2,682	3,322
CLASS II	3,135	3,919	5,378	6,636
CLASS III	3,863	4,703	6,450	7,973
CLASS IV	119	149	N/A	244

FLORIDA: Physicians practicing in a hospital are required to carry \$250K/750K limits.

Rates for limits of \$250K/750K are as follows

250K / 750K

CLASS I Florida - Dade and Broward Counties	2,114
Rest of State	1,313
CLASS II Florida - Dade and Broward Counties	4,507
Rest of State	2,703
CLASS III Florida - Dade and Broward Counties	5,409
Rest of State	3,243

OPTIONAL COVERAGES

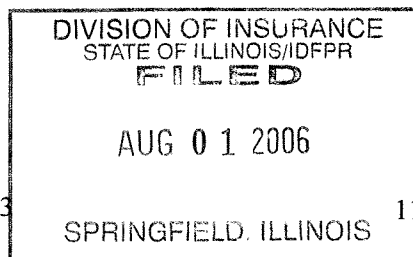
1M / 3M

Additional Insureds Professional Liability (each)	156
General Liability - First Location	120
General Liability - per Additional Location	50

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 08/01/2006

PROFESSIONAL LIABILITY PREMIUM

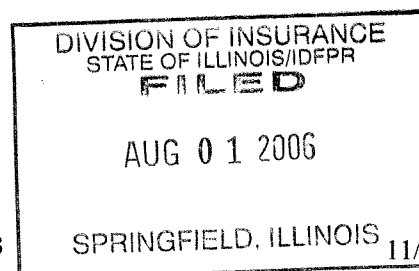
Occupation	1M / 3M
ART, DANCE, DRAMA, & MUSIC THERAPIST Employed/Employee Self-employed Part-time	84 318 141
ATHLETIC TRAINER, MASSAGE & OTHER THERAPISTS (including CORRECTIVE THERAPIST, HELLER WORKER, ROLFER, STRUCTURAL BODY WORKER) Employed/Employee Self-employed Part-time	213 1,032 439
AUDIOLOGIST/SPEECH & HEARING PATHOLOGIST/THERAPIST - SEE SEPARATE RATE PAGE	
CPR TRAINER Employed/Employee Self-employed	84 318
DENTAL HYGIENIST/ASSISTANT - SEE SEPARATE RATE PAGE	
DIETICIAN & NUTRITIONIST Employed/Employee Self-employed Part-time	76 283 132
ELECTROLOGIST Employed Employee Self-employed Part-time	104 125 478 212
INTERPRETER FOR THE DEAF Employed/Employee Self-employed	63 116
MEDICAL TECHNOLOGIST - See Miscellaneous Therapists Program	
NURSE - SEE SEPARATE RATE PAGE	



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 08/01/2006

PROFESSIONAL LIABILITY PREMIUM - continued

Occupation	1M / 3M
OCCUPATIONAL THERAPIST - See Miscellaneous Therapists Program	
OPTICIAN	
Employed	209
Self-employed	359
Part-time	269
ORTHOPEDIC TECHNICIAN	
Self-employed	938
Part-time	399
ORTHOTIST	
Employed	194
PHARMACIST	
Employed	151
Self-employed Consulting	407
Part-time	197
PHYSICIAN ASSISTANT - SEE SEPARATE RATE PAGE	
RESPIRATORY THERAPIST - See Miscellaneous Therapists Program	
RETAIL DRUGGIST	
Employee	151
Self-employed	407
Part-time	197
SPORTS MEDICINE THERAPIST	
Employed/Employee	314
Self-employed	1,383



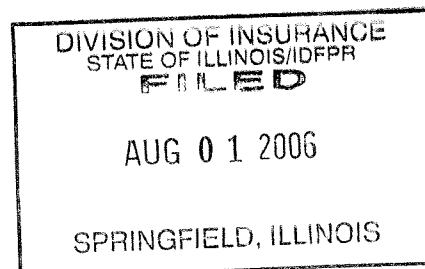
**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rates
Effective 08/01/2006**

ADDITIONAL INSURED'S PROFESSIONAL LIABILITY PREMIUM

Occupation	1M / 3M
ALL ALLIED HEALTH PROFESSIONALS	156
SPORTS MEDICINE THERAPIST	192

GENERAL LIABILITY PREMIUM

Occupation	1M / 3M
ALL ALLIED HEALTH PROFESSIONALS	
First Location	120
per Additional Location	50



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rating Rule Manual
Effective 10-1-2006

1. **Application:**

This manual contains the rating rules for all members of this purchasing group, except for the following classes: Allied Health Professionals other than Physical Therapist, Optometrist and Mental Health Specialists, Respiratory Therapists, Rehabilitation Therapists and Student Blanket.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate.

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

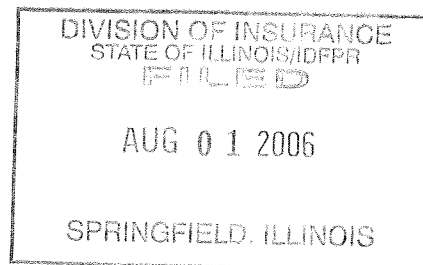
4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Decreased or Increased Limits:**

The following Decreased or Increases Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rating Rule Manual
Effective 10-1-2006

6. Exposure Reduction:

Reduced rates apply to professionals engaged in practices that reduce the risk of loss. If a professional qualifies under more than one category, only the category that provides the lowest rate applies.

a.) Newly Graduating Professionals:

New graduate rates apply to individual professionals of the following classes, who have graduated within one year prior to the policy effective date. The rate for such professionals shall be 50% of the rate shown on the rate page.

Classes

Athletic Trainer

Dietician

Occupational Therapist

Pharmacists

b.) Part-time Practice:

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. General Liability Premium:

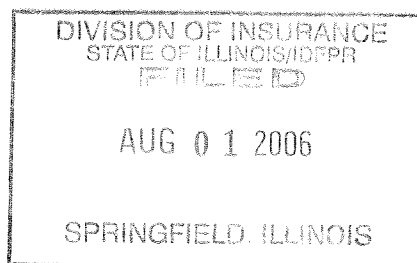
Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

9. Additional Insured Premium:

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Allied Health Professionals
Rating Rule Manual
Effective 10-1-2006

10. **Policy Premium:**

The sum of the premiums developed by rules: 7, 8, 9 and 10 is the policy premium.

11. **Group Size:**

Practices which insure more than one professional under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such a group policy. This credit shall be according to the following schedule:

Number of Professionals	Credit
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%

12. **Risk Management Education:**

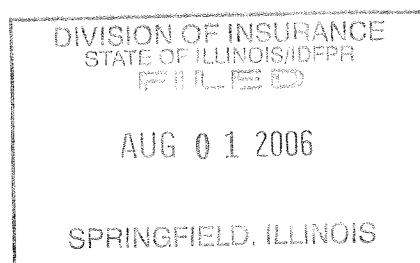
Professionals are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively “seminar”). Such “seminar” must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a “seminar” for this credit to apply.

13. **Additional Limits:**

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

14. **Quarterly installments:**

- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
- c. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- d. Each installment fee paid is fully earned.
- e. No interest charges
- f. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.



PHYSICIANS CHOICE PURCHASING GROUP ASSOCIATION

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

A. The GENERAL RULE MANUAL pages applicable to this program shall apply subject to the following changes/exceptions:

-Illinois rates and rating rules as follows.

INDIVIDUAL RISK RATING RULE

Accounts generating more than \$100,000 in manual premium at \$100,000/\$300,000 limits of liability are to be considered unique and unusual and will be (a) rated. Proper documentation as to the determination of such rate will be maintained in the underwriting file.

B. PHYSICIANS & SURGEONS PROFESSIONAL LIABILITY, CLAIMS MADE RATES:

Territory I: Cook, Madison, St Clair, and Will Counties
(@ \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
1A	2,410	4,293	5,799	6,326	7,455
1B	2,825	5,033	6,798	7,416	8,741
1C	3,241	5,773	7,798	8,507	10,026
1D	3,615	6,439	8,698	9,489	11,183
1	4,155	7,401	9,998	10,907	12,854
2A	4,778	8,511	11,497	12,543	14,782
2B	5,401	9,621	12,997	14,179	16,710
2C	6,025	10,731	14,497	15,815	18,639
2D	7,479	13,322	17,996	19,632	23,137
2	8,933	15,912	21,495	23,449	27,636
3A	11,634	20,722	27,994	30,538	35,992
3	13,088	23,313	31,493	34,356	40,491
4	15,789	28,123	37,991	41,445	48,846
5	20,774	37,004	49,988	54,533	64,271
6	24,929	44,405	59,986	65,439	77,125
7	28,253	50,326	67,984	74,165	87,408

Territory II: Jackson, Lake and Vermillion Counties
(@ \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
1A	2,169	3,863	5,219	5,693	6,710
1B	2,543	4,529	6,119	6,675	7,867
1C	2,917	5,196	7,019	7,657	9,024
1D	3,253	5,795	7,828	8,540	10,065
1	3,740	6,661	8,998	9,816	11,569
2A	4,300	7,660	10,348	11,289	13,305
2B	4,861	8,659	11,698	12,761	15,040
2C	5,422	9,658	13,047	14,234	16,775
2D	6,731	11,990	16,197	17,669	20,824
2	8,040	14,321	19,346	21,105	24,874
3A	10,471	18,651	25,195	27,485	32,394
3	11,779	20,982	28,344	30,921	36,443
4	14,210	25,312	34,193	37,302	43,963
5	18,698	33,305	44,991	49,081	57,846
6	22,437	39,966	53,989	58,897	69,415
7	25,429	45,295	61,188	66,750	78,670

PHYSICIANS CHOICE PURCHASING GROUP ASSOCIATION

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

Territory III: Champaign, DuPage, Kane, Kankakee, Macon, McHenry and Sangamon Counties
(@ \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
1A	1,807	3,219	4,349	4,744	5,592
1B	2,119	3,774	5,099	5,562	6,556
1C	2,431	4,330	5,849	6,380	7,520
1D	2,711	4,829	6,523	7,117	8,387
1	3,116	5,551	7,498	8,180	9,641
2A	3,584	6,383	8,623	9,407	11,087
2B	4,051	7,216	9,748	10,634	12,533
2C	4,518	8,048	10,872	11,861	13,979
2D	5,609	9,991	13,497	14,724	17,353
2	6,700	11,934	16,121	17,587	20,727
3A	8,725	15,542	20,995	22,904	26,994
3	9,816	17,485	23,620	25,767	30,368
4	11,841	21,093	28,493	31,084	36,634
5	15,581	27,753	37,491	40,900	48,203
6	18,697	33,304	44,990	49,080	57,844
7	21,190	37,744	50,988	55,623	65,556

Territory IV: Coles, Dekalb, LaSalle, Ogle, Randolph, and Winnebago Counties
(@ \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
1A	1,566	2,790	3,769	4,112	4,846
1B	1,837	3,271	4,419	4,821	5,682
1C	2,107	3,752	5,069	5,530	6,517
1D	2,350	4,185	5,654	6,168	7,269
1	2,701	4,811	6,499	7,090	8,356
2A	3,106	5,532	7,474	8,153	9,609
2B	3,511	6,254	8,448	9,216	10,862
2C	3,916	6,976	9,423	10,280	12,116
2D	4,861	8,659	11,698	12,761	15,040
2	5,807	10,343	13,972	15,243	17,965
3A	7,562	13,470	18,197	19,851	23,396
3	8,508	15,154	20,471	22,332	26,320
4	10,263	18,281	24,695	26,940	31,751
5	13,504	24,054	32,494	35,448	41,778
6	16,205	28,865	38,993	42,538	50,134
7	18,365	32,713	44,192	48,209	56,818

PHYSICIANS CHOICE PURCHASING GROUP ASSOCIATION

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

Territory V: Remainder of State
(@ \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
1A	1,325	2,361	3,189	3,479	4,100
1B	1,554	2,768	3,739	4,079	4,807
1C	1,782	3,175	4,289	4,679	5,514
1D	1,988	3,541	4,784	5,219	6,151
1	2,285	4,070	5,499	5,998	7,070
2A	2,628	4,681	6,323	6,898	8,130
2B	2,971	5,291	7,148	7,798	9,190
2C	3,313	5,902	7,973	8,698	10,251
2D	4,113	7,327	9,897	10,797	12,725
2	4,913	8,751	11,822	12,897	15,200
3A	6,398	11,397	15,396	16,796	19,795
3	7,198	12,822	17,320	18,895	22,269
4	8,683	15,467	20,895	22,794	26,864
5	11,426	20,352	27,493	29,992	35,348
6	13,711	24,422	32,991	35,991	42,418
7	15,539	27,679	37,390	40,789	48,073

C. INDIVIDUAL RISK MODIFICATION SCHEDULE

The maximum permissible modification of the Physicians & Surgeons Professional Liability Premium under the Individual Risk Modification Schedule is $\pm 40\%$.

D. EXPERIENCE RATING PLAN:

Premiums shall be adjusted to reflect the experience of the Insured. A premium adjustment for loss experience shall be applied as follows on claims reported in the past five (5) years.

For policies effective prior to 6/15/01, an additional charge will be made only if the Insured has incurred losses of \$5,001 or more and the loss was reported prior to 6/15/01. For renewal policies effective on 6/15/01 and subsequent, an additional charge will be made only if the Insured has incurred losses of \$101 or more and the loss was reported on or after 6/15/01. Losses reported prior to 6/15/01 on renewal policies will continue to be subject to the \$5,001 incurred loss rule.

For new business policies effective on 6/15/01 and subsequent, an additional charge will be made only if the Insured has incurred losses of \$101 or more.

When a loss has been declared and, after inquiry, the claim reserve remains unknown, 5% of the demand amount shall be used as the best approximation of the claim value.

Each factor will be multiplied in sequence, (A x B x C), and the result rounded to the nearest whole percentage to develop the appropriate premium adjustment.

Example: If Table A indicates a debit, (a positive), multiply the factor from Table A by the factors specified in Table B. 1. Debit and C.1. Debit. If Table A indicates a credit, (a negative), multiply the factor from Table A by the factors specified in Table B. 2. Credit and Table C. 2. Credit.

Refer any account with more than five (5) claims or total payment(s) and/or reserve(s) exceeding \$150,000.

PHYSICIANS CHOICE PURCHASING GROUP ASSOCIATION

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

A. DEBIT / (CREDIT) TABLE					
NUMBER OF CLAIMS	NUMBER OF PHYSICIANS				
	1	2-5	6-10	11-16	17 or more
0	(1.00)	(1.10)	(1.21)	(1.33)	(1.46)
1	1.00	(0.85)	(0.94)	(1.03)	(1.13)
2	1.25	1.10	(0.69)	(0.75)	(0.83)
3	1.75	1.60	1.21	(0.50)	(0.55)
4	2.50	2.35	1.96	1.33	(0.30)
5	3.50	3.35	2.96	2.33	1.46

B. NUMBER OF YEARS SINCE CLAIM(S) MADE: (if multiple claims, average total and round)			
1. DEBIT		2. CREDIT	
1 YEAR	1.00	1 YEAR	.80
2 YEARS	.95	2 YEARS	.85
3 YEARS	.90	3 YEARS	.90
4 YEARS	.85	4 YEARS	.95
5 YEARS	.80	5 YEARS OR MORE WITHOUT A CLAIM	1.00

C. TOTAL AMOUNT OF ALL CLAIMS (Indemnity and Expense)			
1. DEBIT		2. CREDIT	
\$0-\$4,999	.01	\$0-\$10,000	.30
\$5,000-\$15,000	.06	\$10,001-\$50,000	.26
\$15,001-\$25,000	.10	\$50,001-\$75,000	.20
\$25,001-\$50,000	.14	\$75,001-\$100,000	.14
\$50,001-\$75,000	.18	\$100,001-\$125,000	.10
\$75,001-\$100,000	.21	\$125,001-\$150,000	.06
\$100,001-\$125,000	.24		
\$125,001-\$150,000	.27		

E. PHYSICIAN 'GATEKEEPER'/MCO EXPOSURE RATING PLAN :

The following premium credits shall apply to Family Practice/General Practice, Internal Medicine or Pediatrics/No Surgery 80267 physicians depending upon the degree of "gatekeeper" responsibilities. This includes the authorizing and/or rejecting of requests for hospitalization or specialized treatment(s), and/or determining the length of hospitalization or specialized treatment(s) for or on behalf of any organization(s):

Percentage of total patients for whom physician assumes roll of gatekeeper	Premium Credit
96-100%	0%
76-95%	3%

Percentage of total patients for whom physician assumes roll of gatekeeper	Premium Credit (con't)
51-75%	5%

PHYSICIANS CHOICE PURCHASING GROUP ASSOCIATION

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

26-50%	8%
6-25%	10%
0-5%	13%

F. CORPORATION/PARTNERSHIP/PROFESSIONAL ASSOCIATION CHARGE:

The rate, per Corporation/Partnership/Professional Association, is computed as up to 20% of the total developed professional liability premium for each physician/surgeon and ancillary person charged a rate.

G. HEALTHCARE PROVIDER BILLING ERRORS & OMISSIONS COVERAGE:

Coverage for billing errors and/or omissions can be added to the policy via endorsement. In such case, the following applies:

Limit of Liability per Policy Period:
\$25,000

Additional Premium:
-none-

**Optional limits may be offered by the company at a later time*

H. EMPLOYMENT PRACTICES ERRORS & OMISSIONS COVERAGE:

Coverage for Employment Practices Liability may be added to the policy via endorsement. In such case, the following additional premium applies:

Additional Premium Charge

Number of Employees	Selected Limit of Liability per Policy Period			
	\$5,000	\$25,000	\$50,000	\$100,000
1-3	- none -	128	139	159
4-6	- none -	321	349	397
7-9	- none -	513	558	635
10-12	- none -	705	767	873
13-15	- none -	898	976	1,111
16-18	- none -	1,090	1,185	1,349
19-21	- none -	1,282	1,395	1,587
22-24	- none -	1,475	1,604	1,825
25-29	- none -	1,559	1,696	1,930
30-34	- none -	1,644	1,788	2,035
35-39	- none -	1,901	2,067	2,353
40-44	- none -	2,158	2,347	2,671
45-49	- none -	2,415	2,626	2,988
52-62	- none -	2,593	2,820	3,209
63-73	- none -	2,772	3,015	3,430
74-84	- none -	3,220	3,502	3,985
85-95	- none -	3,669	3,990	4,540
96-106	- none -	4,117	4,478	5,095

**More than 106 employees – refer to Company for proper rating.*

I. ANCILLARY PERSONNEL:

The following ancillary personnel may purchase and therefore be afforded their own separate limits of liability by specifically listing such persons as named insureds on the policy. Limits of Liability must be equal to those of the individual physician/surgeon or Professional Corporation:

PHYSICIANS CHOICE PURCHASING GROUP ASSOCIATION

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

Territory I: Cook, Madison, St Clair, and Will Counties

(Claims Made Rates @t \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
Physician Assistant	416	740	1,000	1,091	1,285
Surgeon Assistants O. R. Technicians Paramedics, H/L Perfusionist Scrub Nurse	831	1,480	2,000	2,181	2,571
Nurse Midwife	3,116	5,551	7,498	8,180	9,641
Nurse Anesthetist	1,672	2,979	4,024	4,390	5,174
Nurse Practitioners	623	1,110	1,500	1,636	1,928

Territory II: Jackson, Lake and Vermillion Counties

(Claims Made Rates @t \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
Physician Assistant	374	666	900	982	1,157
Surgeon Assistants O. R. Technicians Paramedics, H/L Perfusionist Scrub Nurse	748	1,332	1,800	1,963	2,314
Nurse Midwife	2,805	4,996	6,749	7,362	8,677
Nurse Anesthetist	1,505	2,681	3,622	3,951	4,657
Nurse Practitioners	561	999	1,350	1,472	1,735

Territory III: Champaign, DuPage, Kane, Kankakee, Macon, McHenry and Sangamon Counties

(Claims Made Rates @t \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
Physician Assistant	312	555	750	818	964
Surgeon Assistants O. R. Technicians Paramedics, H/L Perfusionist Scrub Nurse	623	1,110	1,500	1,636	1,928
Nurse Midwife	2,337	4,163	5,624	6,135	7,231
Nurse Anesthetist	1,254	2,234	3,018	3,292	3,880
Nurse Practitioners	467	833	1,125	1,227	1,446

Territory IV: Coles, Dekalb, LaSalle, Ogle, Randolph, and Winnebago Counties

(Claims Made Rates @t \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
Physician Assistant	270	481	650	709	836

PHYSICIANS CHOICE PURCHASING GROUP ASSOCIATION

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

Surgeon Assistants O. R. Technicians Paramedics, H/L Perfusionist Scrub Nurse	540	962	1,300	1,418	1,671
Nurse Midwife	2,026	3,608	4,874	5,317	6,267
Nurse Anesthetist	1,087	1,936	2,616	2,854	3,363
Nurse Practitioners	405	722	975	1,064	1,253

Territory V: Remainder of State
(Claims Made Rates @t \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
Physician Assistant	229	407	550	600	707
Surgeon Assistants O. R. Technicians Paramedics, H/L Perfusionist Scrub Nurse	457	814	1,100	1,200	1,414
Nurse Midwife	1,714	3,053	4,124	4,499	5,302
Nurse Anesthetist	920	1,638	2,213	2,414	2,846
Nurse Practitioners	343	611	825	900	1,061

J. POLICY INCREASED LIMITS FACTORS:

<i>Policy Limits</i>	<i>Increase Limit Factor</i>
\$100,000/300,000	1.000
200,000/600,000	1.30
500,000/1,000,000	1.79
500,000/1,500,000	1.91
1,000,000/1,000,000	2.15
1,000,000/3,000,000	2.23
2,000,000/2,000,000	2.60
2,000,000/4,000,000	2.68
3,000,000/3,000,000	2.87
3,000,000/5,000,000	2.95
4,000,000/4,000,000	3.02
4,000,000/6,000,000	3.08
5,000,000/5,000,000	3.15
5,000,000/7,000,000	3.20
6,000,000/6,000,000	3.22
6,000,000/8,000,000	3.29

K. EXTENDED REPORTING PERIOD:

1. Extended Reporting Period Coverage will be granted at no additional premium subject to the terms of the policy.
2. Extended Reporting Period coverage will be granted subject to the following premium discounts provided the Insured retires and completely withdraws from the practice of medicine:

PHYSICIANS CHOICE PURCHASING GROUP ASSOCIATION

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

<u>Years of Coverage*</u>	<u>Premium Discount</u>
9	90%
8	80%
7	70%
6	60%
5	50%
4	40%
3	30%
2	20%
1	10%

* Years of coverage must be Claims Made coverage basis with the Company.

3. Payment Factors:

The following factors shall be applied to the **mature** claims made rate in effect at the inception of the last claims made policy:

Years of Prior Claims Made Coverage	Installment Factors			Prepaid Factors
	1 st Year	2 nd Year	3 rd Year	
1	.36	.34	.28	.92
2	.58	.55	.39	1.43
3	.67	.55	.59	1.70
4 or more	.84	.55	.59	1.87

L. PHYSICIANS & SURGEONS PRACTICE/SPECIALTY CLASSIFICATIONS

Each physician/surgeon is assigned a practice classification code according to their respective medical specialty. When more than one classification is applicable, the highest rated classification shall apply.

Class 1A -

<u>Medical Specialty</u>	<u>Code</u>
ALLERGY	80254
DERMATOLOGY – NO SURGERY	80256
FORENSIC / LEGAL MEDICINE	80240
PSYCHIATRY (NO ECT)	80249
PSYCHOANALYSIS	80250
PSYCHOSOMATIC MEDICINE	80251
PUBLIC HEALTH	80236

Class 1B -

<u>Medical Specialty</u>	<u>Code</u>
AEROSPACE MEDICINE	80230
GENERAL PRECENTATIVE MEDICINE	80231
HYPNOSIS	80232
NUTRITION	80248
OCCUPATIONAL / INDUSTRIAL MEDICINE	80233

PHYSICIANS CHOICE PURCHASING GROUP ASSOCIATION

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

OPHTHALMOLOGY – NO SURGERY / NO LASER	80263
PHYSICAL MEDICINE / REHABILITATION	80235

Class 1C -

<u>Medical Specialty</u>	<u>Code</u>
BRONCO – ESOPHAGOLOGY	80101
DIABETES – NO SURGERY	80237
ENDOCRINOLOGY – NO SURGERY	80238
GERIATRIC MEDICINE – NO SURGERY	80243
GYNECOLOGY – NO SURGERY	80244
NUCLEAR MEDICINE	80262
PHARMACOLOGY	80234
UROLOGY – NO SURGERY	80268

Class 1D -

<u>Medical Specialty</u>	<u>Code</u>
CARDIOVASCULAR DISEASE – NO SURGERY	80255
GASTROENTEROLOGY – NO SURGERY	80241
LARYNGOLOGY – NO SURGERY	80258
NEPHROLOGY – NO SURGERY	80260
OTOLARYNGOLGY – NO SURGERY	80265
OTOLOGY – NO SURGERY	80264
RHEUMATOLOGY	80252
RHINOLOGY - NO SURGERY	80247

Class 1 -

<u>Medical Specialty</u>	<u>Code</u>
FAMILY / GENERAL PRACTICE - NO SURGERY / NO OB	80420
HEMATOLOGY - NO SURGERY	80245
INTERNAL MEDICINE - NO SURGERY	80257
NEPHROLOGY – MINOR SURGERY	80287
PATHOLOGY - NO SURGERY	80266
PEDIATRICS - NO SURGERY	80267
PULMONARY MEDICINE – NO SURGERY	80269A
DERMATOLOGY – HAIR TRANSPLANTS, PLASTICS	80472

Class 2A -

<u>Medical Specialty</u>	<u>Code</u>
ANESTHESIOLOGY	80151
INFECTIOUS DISEASE – NO SURGERY	80246
ONCOLOGY – NO SURGERY	80259
OPHTHALMOGLY – MINOR SURGERY	80289

Class 2B -

PHYSICIANS CHOICE PURCHASING GROUP ASSOCIATION

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

<u>Medical Specialty</u>	<u>Code</u>
CARDIOVASCULAR DISEASE – MINOR SURGERY	80281
DERMATOLOGY - MINOR SURGERY	80282
DIABETES - MINOR SURGERY	80271
ENDOCRINOLOGY - MINOR SURGERY	80272
GASTROENTEROLOGY – MINOR SURGERY	80274
GERIATRIC MEDICINE - MINOR SURGERY	80276
GYNECOLOGY - MINOR SURGERY	80277
HEMATOLOGY / ONCOLOGY - MINOR SURGERY	80278A
INTERNAL MEDICINE - MINOR SURGERY	80284
LARYNGOLOGY - MINOR SURGERY	80285
NEOPLASTIC DISEASE - MINOR SURGERY	80286
NEUROLOGY - NO SURGERY	80261
NUCLEAR MEDICINE (RADIATION)	81262
OPHTHALMOLOGY – WITH SURGERY / LASER	80114
OTOLOGY - MINOR SURGERY	80290
OTORHINOLARYNGOLOGY - MINOR SURGERY	80291
PATHOLOGY - MINOR SURGERY	80292
PHYSICIANS - MINOR SURGERY - NOC	80294
PSYCHIATRY - WITH ECT	80162
PULMONARY MEDICINE – MINOR SURGERY	80269B
RHINOLOGY - MINOR SURGERY	80270
UROLOGY - MINOR SURGERY	80145A

Class 2C -

<u>Medical Specialty</u>	<u>Code</u>
ANGIO / ARTERIO / CATHETERIZATION	80422
HEMATOLOGY / ONCOLOGY - MAJOR SURGERY	80278B
INFECTIOUS DISEASE – MINOR SURGERY	80279
NEUROLOGY – MINOR SURGERY (INCLUDING CHILD)	80288
PHYSICIANS – MINOR SURGERY – RADIATION / X-RAY	81280

Class 2D -

<u>Medical Specialty</u>	<u>Code</u>
COLON / RECTAL SURGERY	80115
DIAGNOSTIC RADIOLOGY	80253
EMERGENCY MEDICINE – NO SURGERY, NO HOSP ER	80102A
FAMILY / GENERAL PRACTICE – MINOR SURGERY / NO OB	80421
INTENSIVE CARE MEDICINE	80283
LARYNGOLOGY – MAJOR SURGERY	80106
OTOLOGY – MAJOR SURGERY	80158
PEDIATRICS – MINOR SURGERY	80293A
PULMONARY MEDICINE – MAJOR SURGERY	80269C
UROLOGY – MAJOR SURGERY (NO IMPLANTS)	80145B

Class 2 -

<u>Medical Specialty</u>	<u>Code</u>
EMERGENCY MEDICINE – MINOR SURGERY, NO HOSP ER	80102B
FAMILY / GENERAL PRACTICE – SURGERY / OB up to 40	80117
GYNECOLOGY – MAJOR SURGERY	80167
HAND SURGERY	80169
NEONATOLOGY / PERINATOLOGY	80474
OTOLARYNGOLOGY – MAJOR SURGERY (NO ELECTIVE PLASTIC)	80159
PEDIATRICS – MAJOR SURGERY	80293B

PHYSICIANS CHOICE PURCHASING GROUP ASSOCIATION

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

RADIATION ONCOLOGY	80280
RHINOLOGY – MAJOR SURGERY (NO ELECTIVE PLASTIC)	80160

Class 3A -

<u>Medical Specialty</u>	<u>Code</u>
ENDOCRINOLOGY – MAJOR SURGERY	80103
GASTROENTEROLOGY – MAJOR SURGERY	80104
GENERAL SURGERY (NO LAPAROSCOPY)	80143A
GERIATRIC MEDICINE – MAJOR-SURGERY	80105
OTOLARYNGOLOGY – WITH ELECTIVE PLASTIC	80155
PLASTIC SURGERY	80156
UROLOGY – MAJOR SURGERY – WITH IMPLANTS	80145C

Class 3 -

<u>Medical Specialty</u>	<u>Code</u>
ABDOMINAL SURGERY	80166
EMERGENCY MEDICINE - MAJOR SURGERY, INCL. HOSP ER	80157
GENERAL SURGERY WITH LAPAROSCOPY)	80143B
NEOPLASTIC DISEASE – MAJOR-SURGERY	80107
NEPHROLOGY – MAJOR SURGERY	80108
PODIATRY	80993

Class 4 -

<u>Medical Specialty</u>	<u>Code</u>
CARDIAC SURGERY	80141
CARDIOVASCULAR SURGERY	80150
HEAD AND NECK SURGERY	80170
ORTHOPEDIC SURGERY (NO SPINE)	80154A
THORACIC SURGERY	80144
VASCULAR SURGERY	80146

Class 5 -

<u>Medical Specialty</u>	<u>Code</u>
OBSTETRICS SURGERY	80168
ORTHOPEDIC SURGERY – WITH SPINE	80154B
TRAUMATIC SURGERY	80171

Class 6 -

<u>Medical Specialty</u>	<u>Code</u>
OB / GYN	80153

Class 7 -

<u>Medical Specialty</u>	<u>Code</u>
NEUROSURGERY	80152

Ancillary Medical Personnel Classifications

PHYSICIANS CHOICE PURCHASING GROUP ASSOCIATION

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

<u>Specialty</u>	<u>Code</u>
Dental Hygienists	80210
H/L Perfusionist	80116
Medical Laboratory Technician	80711
Nurse Midwife	80962
Nurse Practitioner	80998
Nurse Anesthetist	80960
Opticians	80937
Optometrist	80994
Paramedics	80116
Pharmacists	59112
Physician Assistant	80116
Physiotherapists	80938
Scrub Nurse / Operating Room Technician:	
1. whose duties require them to assist and remain in the O.R. for a surgical procedure.	80116
2. whose duties are to set up the O.R., but who do not remain in O.R. during a procedure.	80998
Surgeon Assistant	80116
X-Ray Technician – with Therapy	80714
X-Ray Technician – without Therapy	80713
Audiologist, Medical Aide	80998
R. N.	80964
L. P. N.	80963
Psychologist, Research Ph.D.	80998

Additional Classifications:

Professional Corporation / Partnership / Association	80999
Medical Laboratory	80715

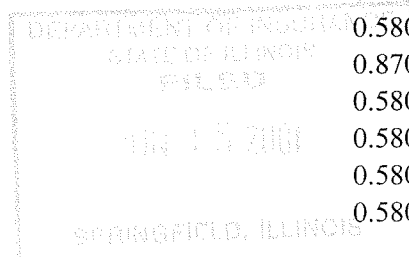
The following classifications identify additional potential exposures applicable to a practice, and require prior underwriting approval by the Company.

Clinical Surgery Center	80610
Emergency Room	80610
Medical Facility	80611

Interstate Insurance Group
Physician Class Plan Analysis
Illinois

Percentage Change = 8.1%

Specialty	Description	Interstate Current	Proposed	% Change Current to Proposed	2000 Interstate Exposure
<i>Class 1A</i>					
	80254 Allergy	0.580	0.58	0.0%	5.29
	80256 Dermatology - No Surgery	0.580	0.58	0.0%	3.34
	80240 Forensic / Legal Medicine	0.780	0.58	-25.6%	0.53
	80249 Psychiatry	0.580	0.58	0.0%	41.42
	80250 Psychoanalysis	0.580	0.58	0.0%	0.00
	80251 Psychosomatic Medicine	0.580	0.58	0.0%	0.00
	80236 Public Health	0.580	0.58	0.0%	0.98
<i>Class 1B</i>					
	80230 Aerospace Medicine	0.580	0.68	17.3%	0.00
	80231 General Preventative Medicine	0.580	0.68	17.3%	1.00
	80232 Hypnosis	0.580	0.68	17.3%	0.00
	80248 Nutrition	0.780	0.68	-12.8%	0.00
	80233 Occupational / Industrial Medicine	0.580	0.68	17.3%	0.00
	80263 Ophthalmology - No Surgery / No Laser	0.580	0.68	17.3%	0.00
	80235 Physical Medicine / Rehabilitation	0.580	0.68	17.3%	1.06
<i>Class 1C</i>					
	80101 Bronco - Esophagology	0.780	0.78	0.0%	0.00
	80237 Diabetes - No Surgery	0.580	0.78	34.5%	3.59
	80238 Endocrinology - No Surgery	0.780	0.78	0.0%	1.13
	80243 Geriatric Medicine - No Surgery	0.780	0.78	0.0%	3.88
	80244 Gynecology - No Surgery	0.870	0.78	-10.4%	0.00
	80262 Nuclear Medicine	0.780	0.78	0.0%	0.00
	80234 Pharmacology	0.780	0.78	0.0%	0.00
	80268 Urology - No Surgery	0.780	0.78	0.0%	31.98
<i>Class 1D</i>					
	80255 Cardiovascular Disease - No Surgery	0.870	0.87	0.0%	0.62
	80241 Gastroenterology - No Surgery	0.870	0.87	0.0%	3.00
	80258 Laryngology - No Surgery	0.580	0.87	50.0%	0.00
	80260 Nephrology - No Surgery	0.870	0.87	0.0%	2.84
	80265 Otolaryngology - No Surgery	0.580	0.87	50.0%	0.00
	80264 Otology - No Surgery	0.580	0.87	50.0%	0.00
	80252 Rheumatology	0.580	0.87	50.0%	7.18
	80247 Rhinology - No Surgery	0.580	0.87	50.0%	0.00



Interstate Insurance Group
Physician Class Plan Analysis
Illinois

Percentage Change = 8.1%

Specialty	Description	Interstate Current	Proposed	% Change Current to Proposed	2000 Interstate Exposure
<i>Class 1</i>					
	80420 Family / General Practice - No Surgery / No OB	1.000	1.00	0.0%	34.99
	80245 Hematology - No Surgery	0.870	1.00	14.9%	1.25
	80257 Internal Medicine - No Surgery	1.000	1.00	0.0%	11.32
	80287 Nephrology - Minor Surgery	1.170	1.00	-14.5%	2.77
	80266 Pathology - No Surgery	0.580	1.00	72.4%	2.31
	80267 Pediatrics - No Surgery	1.000	1.00	0.0%	16.16
	80472 Dematology - Hair Transplants, Plastics	1.430	1.00	-30.1%	0.00
<i>Class 2A</i>					
	80151 Anesthesiology	1.430	1.15	-19.6%	19.93
	80246 Infectious Disease - No Surgery	0.870	1.15	32.2%	1.25
	80259 Oncology - No Surgery	0.580	1.15	98.3%	0.50
	80269 Pulmonary Medicine - No Surgery (80269A)	1.170	1.15	-1.7%	0.00
	80289 Ophthalmology - Minor Surgery	1.170	1.15	-1.7%	0.00
<i>Class 2B</i>					
	80281 Cardiovascular Disease - Minor Surgery	1.170	1.30	11.1%	4.36
	80282 Dermatology - Minor Surgery	0.780	1.30	66.7%	3.00
	80271 Diabetes - Minor Surgery	0.780	1.30	66.7%	0.00
	80272 Endocrinology - Minor Surgery	1.170	1.30	11.1%	0.00
	80274 Gastroenterology - Minor Surgery	1.170	1.30	11.1%	4.55
	80276 Geriatric Medicine - Minor Surgery	1.170	1.30	11.1%	0.00
	80278 Hematology / Oncology - Minor Surgery (80278A)	1.430	1.30	-9.1%	0.00
	80284 Internal Medicine - Minor Surgery	1.740	1.30	-25.3%	3.77
	80285 Laryngology - Minor Surgery	1.170	1.30	11.1%	0.00
	80286 Neoplastic Disease - Minor Surgery	1.170	1.30	11.1%	0.00
	80261 Neurology - No Surgery	0.870	1.30	49.4%	58.85
	81262 Nuclear Medicine (Radiation)	2.500	1.30	-48.0%	0.00
	80114 Ophthalmology - with Surgery / Laser	1.170	1.30	11.1%	0.56
	80290 Otology - Minor Surgery	1.170	1.30	11.1%	0.00
	80291 Otorhinolaryngology - Minor Surgery	1.170	1.30	11.1%	0.00
	80292 Pathology - Minor Surgery	0.780	1.30	66.7%	0.65
	80294 Physicians - Minor Surgery - NOC	2.500	1.30	-48.0%	2.50
	80162 Psychiatry - with ECT	1.740	1.30	-25.3%	0.00
	80269 Pulmonary Medicine - Minor Surgery (80269B)	1.170	1.30	11.1%	0.00

Interstate Insurance Group
Physician Class Plan Analysis
Illinois

Percentage Change = 8.1%

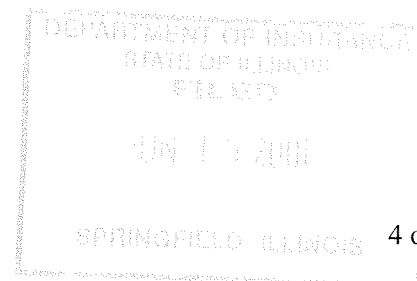
Specialty	Description	Interstate Current	Proposed	% Change Current to Proposed	2000 Interstate Exposure
	80270 Rhinology - Minor Surgery	1.170	1.30	11.1%	0.00
	80145 Urology - Minor Surgery (80145A)	2.500	1.30	-48.0%	6.64
<i>Class 2C</i>					
	80422 Angio / Arterio / Catheterization		1.45	0.0%	0.00
	80277 Gynecology - Minor surgery	1.000	1.45	45.0%	0.00
	80278 Hematology / Oncology - Major Surgery (80278B)	1.430	1.45	1.4%	0.00
	80279 Infectious Disease - Minor Surgery	1.430	1.45	1.4%	0.00
	80288 Neurology - Minor Surgery (including Child)	1.170	1.45	23.9%	0.00
	81280 Physicians - Minor Surgery - Radiation / X-Ray	2.500	1.45	-42.0%	0.00
<i>Class 2D</i>					
	80115 Colon & Rectal Surgery	1.740	1.80	3.4%	0.00
	80102 Emergency Medicine - No Surgery, No Hosp ER (80102A)	1.740	1.80	3.4%	0.00
	80421 Family / General Practice - Minor Surgery / No OB	1.170	1.80	53.8%	2.51
	80283 Intensive Care Medicine	1.740	1.80	3.4%	0.00
	80106 Laryngology - Major Surgery	1.740	1.80	3.4%	0.00
	80158 Otology - Major Surgery	1.740	1.80	3.4%	0.00
	80293 Pediatrics - Minor Surgery (80293A)	2.500	1.80	-28.0%	0.04
	80269 Pulmonary Medicine - Major Surgery (80269C)	1.170	1.80	53.8%	0.00
	80145 Urology - Major Surgery (No Implants) (80145B)	2.500	1.80	-28.0%	0.00
	80169 Hand Surgery	2.500	1.80	-28.0%	1.25
<i>Class 2</i>					
	80102 Emergency Medicine - Minor Surgery, No Hosp ER (80102B)	1.740	2.15	23.6%	0.00
	80117 Family / General Practice - Surg / OB - Up to 40	2.500	2.15	-14.0%	0.00
	80167 Gynecology - Major Surgery	2.500	2.15	-14.0%	2.17
	80474 Neonatology / Perinatology	1.170	2.15	83.7%	0.00
	80159 Otolaryngology - Major surgery (No Elective Plastics)	1.740	2.15	23.6%	0.00
	80253 Diagnostic Radiology	1.170	2.15	83.7%	0.33
	80293 Pediatrics - Major Surgery (80293B)	2.500	2.15	-14.0%	0.00
	80280 Radiation Oncology	1.430	2.15	50.3%	11.95
	80160 Rhinology - Major Surgery (No Elective Plastics)	1.740	2.15	23.6%	0.00
	80145 Urology - Major Surgery - with Implants (80145C)	2.500	2.15	-14.0%	0.00
	80155 Otolaryngology - with Elective Plastic	3.482	2.15	-38.3%	1.00

Class 3A

Interstate Insurance Group
Physician Class Plan Analysis
Illinois

Percentage Change = 8.1%

Specialty	Description	Interstate Current	Proposed	% Change Current to Proposed	2000 Interstate Exposure
	80103 Endocrinology - Major Surgery	1.740	2.80	60.9%	0.00
	80104 Gastroenterology - Major Surgery	1.740	2.80	60.9%	0.00
	80143 General Surgery (No Laparoscopy) (80143A)	2.500	2.80	12.0%	9.54
	80105 Geriatric Medicine - Major Surgery	1.740	2.80	60.9%	0.00
	80156 Plastic Surgery	3.200	2.80	-12.5%	5.63
	80157 Emergency Medicine - Major Surgery, Incl. Hosp ER	2.500	2.80	12.0%	0.00
<i>Class 3</i>					
	80166 Abdominal Surgery	3.200	3.15	-1.6%	0.00
	80143 General Surgery - with Laparoscopy (80143B)	2.500	3.15	26.0%	9.54
	80107 Neoplastic Disease - Major Surgery	1.740	3.15	81.0%	0.00
	80108 Nephrology - Major surgery	1.740	3.15	81.0%	0.00
	80993 Podiatry	2.500	3.15	26.0%	0.00
<i>Class 4</i>					
	80141 Cardiac Surgery	3.800	3.80	0.0%	0.18
	80150 Cardiovascular Surgery	3.800	3.80	0.0%	0.00
	80170 Head & Neck Surgery	3.200	3.80	18.7%	0.00
	80154 Orthopedic Surgery - (No Spine) (80154A)	4.600	3.80	-17.4%	12.29
	80144 Thoracic Surgery	3.800	3.80	0.0%	0.00
	80146 Vascular Surgery	3.800	3.80	0.0%	3.05
<i>Class 5</i>					
	80168 Obstetrics Surgery	2.500	5.00	100.0%	0.00
	80154 Orthopedic Surgery - with Spine (80154B)	4.600	5.00	8.7%	0.00
	80171 Traumatic Surgery	4.600	5.00	8.7%	0.22
<i>Class 6</i>					
	80153 OB / Gyn	4.600	6.00	30.4%	15.59
<i>Class 7</i>					
	80152 Neurosurgery	5.600	6.80	21.4%	0.00



**INTERSTATE
INSURANCE
GROUP**

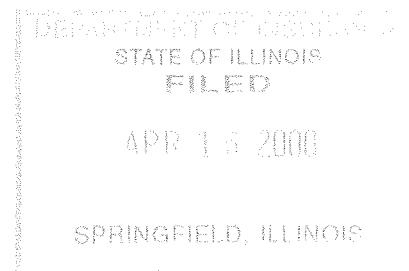
GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

UNDERWRITTEN BY THE

CHICAGO INSURANCE COMPANY

**PHYSICIANS & SURGEONS PROFESSIONAL LIABILITY
CLAIMS MADE COVERAGE**

GENERAL RULE MANUAL



GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

Underwritten by
CHICAGO INSURANCE COMPANY

I. USE OF THIS MANUAL

The purpose of this manual is to provide the premiums/rates (by state), rules, specialty/practice classifications and practice location territories for the writing of our Physicians & Surgeons Professional Liability program. The following Health Care Providers are covered in this manual:

1. Physicians or Surgeons (M.D.)
2. Osteopathic Physicians or Surgeons (D.O.)
3. Podiatrists (D.P.M.)

Any exceptions to these rules are contained in the respective State Exceptions Section.

II. COVERAGE

Coverage under this program shall be as described in the respective policy Insuring Agreement(s) and/or Coverage Part(s). It shall be permissible to attach more than one Insuring Agreement and/or Coverage Part to the policy.

III. BASIC LIMITS OF LIABILITY

The basic coverage limits for Professional Liability coverage under this program shall be:

Professional Liability: \$100,000 Each Claim / \$300,000 Aggregate

IV. POLICY WRITING MINIMUM PREMIUM

The minimum premium shall be \$250 per annual or lesser period, unless otherwise specified for the respective coverage.

V. INCREASED LIMITS OF LIABILITY

Increased Limits of Liability are available as shown on the respective State Exceptions Section.

VI. PREMIUM COMPUTATION

The premium shall be computed by applying the rate per physician/surgeon shown on the State Exceptions pages.

A. PREMIUM ROUNDING RULE

Final, whole-dollar premium rounding will be done at the last step of the computation process, as opposed to rounding at each step. In the event that application of any rating procedure result is not a whole dollar, each rate and premium shall be adjusted as follows:

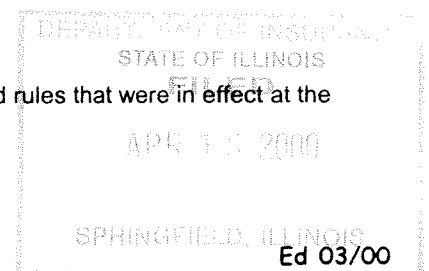
- i. any amount involving \$.50 or over shall be rounded to the next highest whole dollar amount;
- ii. any amount involving \$.49 or less shall be rounded down to the next lowest whole dollar amount.

B. FACTORS OR MULTIPLIERS

Premium modifications are to be applied multiplicatively. Modifications from the **Individual Risk Modification Schedule** are to be added together and then applied multiplicatively.

C. ADDITIONAL and RETURN PREMIUM

For all changes requiring additional or return premium, apply the rates and rules that were in effect at the inception date of the current policy period.



GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

Underwritten by
CHICAGO INSURANCE COMPANY

D. CLAIMS MADE 'STEP' RULE

The proper 'step' into which the physician/surgeon is placed for rating purposes when claims made coverage has been provided for less than full annual periods is determined as follows:

1. Less than 6 months of claims made coverage, step 1 rates apply;
2. "#" years plus less than 6 months of claims made coverage, step "x" plus 1 applies;
3. "#" years plus 6 months or more of claims made coverage, step "x" plus 2 applies.

Note: The value of "#" is the number of whole years.

VII. RESTRICTIONS OF COVERAGE OR INCREASED RATE

Subject to individual state regulations, policies may be issued with special restrictions or at increased premium if:

- A. the Insured agrees in writing; and
- B. the policy would otherwise not be written.

VIII. EXTENDED REPORTING PERIOD COVERAGE (available for Claims Made coverage only)

The availability of Extended Reporting Period Coverage shall be governed by the following rules:

- A. The Limits of Liability may not exceed those afforded under the terminating policy.
- B. Available Extended Reporting Period premium charges shall be as shown on the respective State Exceptions pages.
- C. In the event the policy is cancelled, any return premium due the insured shall be credited toward the premium for Extended Reporting Period Coverage, if the insured elects this coverage. If any premium is due for the period of time between the earlier of the policy's prior acts date or effective date and the termination date, any monies received by the Company from the insured shall first be applied to the premium owing for the policy and then to the Extended Reporting Period endorsement.

IX. ADDITIONAL CLASSIFICATIONS

A. Disability/Leave of Absence

A physician/surgeon who becomes disabled, or is on leave of absence for a period of 45 days or more, will be eligible for restricted coverage at a reduced rate. This would apply retroactively to the first day of disability or leave of absence. Rating basis as follows:

Disability/Leave of Absence	25% of Medical Specialty
-----------------------------	--------------------------

B. Part-Time

A part-time rate will apply to physicians or surgeons who work less than full-time rated hours. The rating basis is as follows:

Practice less than 20 hours per week	50% of Medical Specialty
--------------------------------------	--------------------------

C. Teaching Physicians

To recognize the reduced exposure associated with those professionals away from their actual medical practice while teaching, a reduced rate will be charged upon the following basis:

Due to teaching activities, weekly practice/patient contact is limited to:

Less than 8 Hours per week	35% of Medical Specialty
8-16 hours per week	50% of Medical Specialty
17 hours or more per week	100% of Medical Specialty

GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

Underwritten by
CHICAGO INSURANCE COMPANY

D. Physicians in Training

Rating is as follows for those professionals in the specific training programs:

Residency Program	50% of Medical Specialty
Preceptee:	35% of Medical Specialty
Fellowship	100% of Medical Specialty

E. Locum Tenens Physicians

Coverage for a physician substituting for an insured physician will be limited to cover only professional services rendered on behalf of an insured physician for the specified time period. Locum Tenens will share in the insured physician's Limit of Liability at no additional premium charge.

X. MISCELLANEOUS / ANCILLARY MEDICAL PERSONNEL

Professional Liability coverage for miscellaneous medical personnel may be provided. Refer to State Exception pages for medical specialties and rating instructions.

XI. CORPORATION / PARTNERSHIP / PROFESSIONAL ASSOCIATION

It shall be permissible to provide coverage for a Professional Corporation, Professional Association, or Partnership, for liability arising from the professional services by it's member physicians/surgeons. Such coverage may be provided as follows:

A. Solo Practice:

on a shared Limit of Liability basis by endorsement to the policy, specifying such entity will share in the individual physician/surgeon limit. In such case no additional premium shall be charged; or

B. All Others:

on a separate Limit of Liability basis by naming the professional corporation/partnership/professional association on the policy. Additional premium shall be as shown on the State Exceptions pages. In this case, all ancillary personnel shall be included in this professional corporation limit, and not to the policy limit of the individual physician(s).

XII. OPTIONAL COVERAGES / ENDORSEMENTS

It shall be permissible to add any of the following optional coverages/endorsements as appropriate to the particular situation and in accordance with the minimum basic Limits of Liability indicated herein:

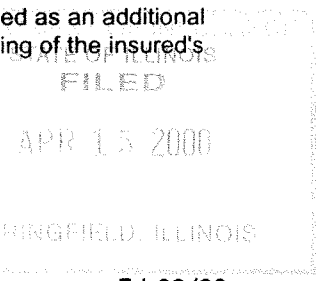
A. Medical Laboratory

It shall be permissible to add a Medical Laboratory:

- i. at no additional charge if such laboratory is not a separate entity. Coverage is limited to the testing of the insured's own patients.
- ii. at a premium charge of 25% of the Class 1 rate. The laboratory will be included as an additional insured, if such laboratory is a separate entity. Coverage is limited to the testing of the insured's own patients.

B. Deductibles/Self-Insured Retentions

Deductibles and self-insured retentions may be offered to qualified insureds.



GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.
Underwritten by
CHICAGO INSURANCE COMPANY

XIII. FULL-TIME EQUIVALENCY

It shall be permissible to add coverage for a Full-Time Equivalency position staffed by two or more part-time medical professionals performing identical professional services for one job description, with their cumulative hours equivalent to one full-time medical professional.

The limits of liability apply separately to each position specifically named on the respective FTE schedule.

Compute the premium by applying the rates applicable to the individual medical professional charge for each Full-Time Equivalency position specifically named on the schedule.

XIV. STAFF POSITION

It shall be permissible to add coverage for a specific Staff Position having a specific job description with professional services being performed by a medical professional.

The limits of liability apply separately to each staff position specifically named on the respective position schedule.

Compute the premium by applying the rates applicable to the individual medical professional charge for each Staff Position specifically named on the schedule.

XV. INDIVIDUAL RISK MODIFICATION SCHEDULE

The hazards of the practice of medicine vary with each organization; the establishment of medical standards review and claims review committees and the effectiveness of such committees; loss prevention and control activities; type, amount and extent of professional services rendered under written agreement, etc. To recognize such specific characteristics unique to each risk, a rate modification may be applied based on the following:

1. Physicians & Surgeons Professional Liability Exposures

The maximum permissible modification of the Professional Liability premium(s) is as shown on the State Exceptions pages.

	<u>CREDIT</u>	<u>DEBIT</u>
a. <u>Loss Control Program</u>		
The underwriter will evaluate the procedures in place within the practice, including adherence to any prior control recommendations.	0-10%	0-10%
b. <u>Practice Characteristics</u>		
The underwriter will evaluate the impact of contracts on utilization, referrals, and overall quality of patient care.	0-15%	0-15%
c. <u>Continuing Education</u>		
Determine if the applicant's professional and para-professional staff participant in effective continuing medical education program(s);	0-5%	0-5%
d. <u>Unusual Risk Characteristics</u>	0-10%	0-10%

GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

Underwritten by
CHICAGO INSURANCE COMPANY

State Exceptions Section

A. The GENERAL RULE MANUAL pages applicable to this program shall apply subject to the following changes/exceptions:

-Illinois rates and rating rules as follows.

B. PHYSICIANS & SURGEONS PROFESSIONAL LIABILITY, CLAIMS MADE RATES:

Territory I: Cook, Madison & St. Clair counties:

(@ \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
1A	1,255	2,235	3,019	3,293	3,881
1B	1,882	3,352	4,528	4,940	5,822
1	2,509	4,469	6,038	6,586	7,763
2	3,011	5,363	7,245	7,904	9,315
3	5,520	9,833	13,283	14,490	17,078
4	9,033	16,090	21,735	23,711	27,945
5	11,291	20,112	27,169	29,639	34,932

Territory II: DuPage, Kane, Lake & Will counties:

(@ \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
1A	1,004	1,788	2,415	2,635	3,105
1B	1,505	2,682	3,623	3,952	4,658
1	2,007	3,575	4,830	5,269	6,210
2	2,409	4,291	5,796	6,323	7,452
3	4,416	7,866	10,626	11,592	13,662
4	7,226	12,872	17,388	18,969	22,356
5	9,033	16,090	21,735	23,711	27,945

Territory III: Remainder of State

(@ \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
1A	690	1,229	1,660	1,811	2,135
1B	1,035	1,844	2,490	2,717	3,202
1	1,380	2,458	3,321	3,623	4,269
2	1,656	2,950	3,985	4,347	5,123
3	3,036	5,408	7,305	7,970	9,393
4	4,968	8,849	11,954	13,041	15,370
5	6,210	11,062	14,943	16,301	19,212

GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

C. INDIVIDUAL RISK MODIFICATION SCHEDULE

The maximum permissible modification of the Physicians & Surgeons Professional Liability Premium under the Individual Risk Modification Schedule is $\pm 40\%$.

D. INDIVIDUAL RISK RATING PLAN:

Accounts generating more than \$100,000 in manual premium are to be considered unique and unusual and will be (a) rated. Proper documentation as to the determination of such rate will be maintained in the underwriting file.

E. EXPERIENCE RATING PLAN:

Premiums shall be adjusted to reflect the experience of the Insured. A premium adjustment for loss experience shall be applied as follows on claims reported in the past five (5) years.

An additional charge will be made only if the Insured has incurred losses of \$5,001 or more.

When a loss has been declared and, after inquiry, the claim reserve remains unknown, 5% of the demand amount shall be used as the best approximation of the claim value.

Each factor will be multiplied in sequence, (A x B x C), and the result rounded to the nearest whole percentage to develop the appropriate premium adjustment.

Example: If Table A indicates a debit, (a positive), multiply the factor from Table A by the factors specified in Table B. 1. Debit and C.1. Debit. If Table A indicates a credit, (a negative), multiply the factor from Table A by the factors specified in Table B. 2. Credit and Table C. 2. Credit.

Refer any account with more than five (5) claims or total payment(s) and/or reserve(s) exceeding \$150,000.

A. DEBIT / (CREDIT) TABLE					
NUMBER OF CLAIMS	NUMBER OF PHYSICIANS				
	1	2-5	6-10	11-16	17 or more
0	(1.00)	(1.10)	(1.21)	(1.33)	(1.46)
1	1.00	(0.85)	(0.94)	(1.03)	(1.13)
2	1.25	1.10	(0.69)	(0.75)	(0.83)
3	1.75	1.60	1.21	(0.50)	(0.55)
4	2.50	2.35	1.96	1.33	(0.30)
5	3.50	3.35	2.96	2.33	1.46

B. NUMBER OF YEARS SINCE CLAIM(S) MADE: (if multiple claims, average total and round)			
1. DEBIT		2. CREDIT	
1 YEAR	1.00	1 YEAR	.80
2 YEARS	.95	2 YEARS	.85
3 YEARS	.90	3 YEARS	.90
4 YEARS	.85	4 YEARS	.95
5 YEARS	.80	5 YEARS OR MORE WITHOUT A CLAIM	1.00

GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

C. TOTAL AMOUNT OF ALL CLAIMS (Indemnity and Expense)			
1. DEBIT		2. CREDIT	
\$0-\$4,999	1	\$0-\$10,000	15
\$5,000-\$15,000	6	\$10,001-\$50,000	13
\$15,001-\$25,000	10	\$50,001-\$75,000	10
\$25,001-\$50,000	14	\$75,001-\$100,000	7
\$50,001-\$75,000	18	\$100,001-\$125,000	5
\$75,001-\$100,000	21	\$125,001-\$150,000	3
\$100,001-\$125,000	24		
\$125,001-\$150,000	27		

F. PHYSICIAN 'GATEKEEPER'/MCO EXPOSURE SURCHARGE PLAN :

The following surcharges shall apply to any physician whose practice includes "gatekeeper" responsibilities including the authorizing and/or rejecting of requests for hospitalization or specialized treatment(s), and/or determining the length of hospitalization or specialized treatment(s) for or on behalf of any organization(s):

Percentage of total patients for whom physician assumes roll of gatekeeper	Percentage of surcharge
5% to 25%	3%
26% to 50%	5%
51% to 75%	7%
76% to 100%	10%

G. CORPORATION/PARTNERSHIP/PROFESSIONAL ASSOCIATION CHARGE:

The rate, per Corporation/Partnership/Professional Association, is computed as up to 20% of the total developed professional liability premium for each physician/surgeon and ancillary person charged a rate.

H. HEALTHCARE PROVIDER BILLING ERRORS & OMISSIONS COVERAGE:

Coverage for billing errors and/or omissions can be added to the policy via the corresponding endorsement. In such case, the following rate applies:

Limit of Liability per Policy Period:

\$25,000

Additional Premium:

-none-

**Optional limits may be offered by the company at a later time*

STATE OF ILLINOIS
FILED

APR 15 2000

SPRINGFIELD, ILLINOIS

GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

I. EMPLOYMENT PRACTICES ERRORS & OMISSIONS COVERAGE:

Coverage for Employment Practices Liability may be added to the policy via the corresponding endorsement. In such case, the following rate applies:

Additional Premium Charge

Number of Employees	Selected Limit of Liability per Policy Period			
	\$5,000	\$25,000	\$50,000	\$100,000
1-3	- none -	128	139	159
4-6	- none -	321	349	397
7-9	- none -	513	558	635
10-12	- none -	705	767	873
13-15	- none -	898	976	1,111
16-18	- none -	1,090	1,185	1,349
19-21	- none -	1,282	1,395	1,587
22-24	- none -	1,475	1,604	1,825
25-29	- none -	1,559	1,696	1,930
30-34	- none -	1,644	1,788	2,035
35-39	- none -	1,901	2,067	2,353
40-44	- none -	2,158	2,347	2,671
45-49	- none -	2,415	2,626	2,988
52-62	- none -	2,593	2,820	3,209
63-73	- none -	2,772	3,015	3,430
74-84	- none -	3,220	3,502	3,985
85-95	- none -	3,669	3,990	4,540
96-106	- none -	4,117	4,478	5,095

*More than 106 employees – refer to Company for proper rating.

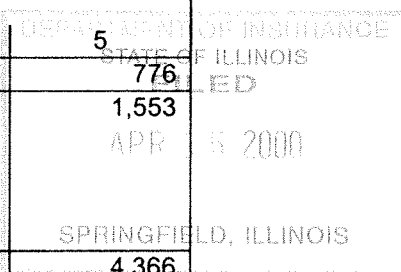
J. ANCILLARY PERSONNEL:

The following ancillary personnel may purchase and therefore be afforded their own separate limits of liability by specifically listing such persons as named insureds on the policy. Limits of Liability must be equal to those of the individual physician/surgeon or Professional Corporation:

Territory I: Cook, Madison & St. Clair counties:

(Claims Made Rates @t \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
Physician Assistant	251	447	604	659	776
Surgeon Assistants	502	894	1,208	1,317	1,553
O. R. Technicians					
Paramedics,					
H/L Perfusionist					
Scrub Nurse					
Nurse Midwife	1,411	2,514	3,396	3,705	4,366
Nurse Anesthetist	1,054	1,877	2,536	2,766	3,260
Nurse Practitioners	376	670	906	988	1,164



GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

Territory II: DuPage, Kane, Lake & Will counties:

(Claims Made Rates @t \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
Physician Assistant	201	358	483	527	621
Surgeon Assistants O. R. Technicians Paramedics, H/L Perfusionist Scrub Nurse	401	715	966	1,054	1,242
Nurse Midwife	1,129	2,011	2,717	2,964	3,493
Nurse Anesthetist	843	1,502	2,029	2,213	2,608
Nurse Practitioners	301	536	725	790	932

Territory III: Remainder of State

(Claims Made Rates @t \$100,000/\$300,000 Limits of Liability)

Class	Claims Made 'Step'				
	1	2	3	4	5
Physician Assistant	138	246	332	362	427
Surgeon Assistants O. R. Technicians Paramedics, H/L Perfusionist Scrub Nurse	276	492	664	725	854
Nurse Midwife	776	1,383	1,868	2,038	2,402
Nurse Anesthetist	580	1,032	1,395	1,521	1,793
Nurse Practitioners	207	369	498	543	640

K. POLICY INCREASED LIMITS FACTORS:

Policy Limits	Increase Limit Factor
\$100,000/300,000	1.00
1,000,000/1,000,000	2.15
1,000,000/3,000,000	2.23
Higher Limits may be available	

L. EXTENDED REPORTING PERIOD:

- Extended Reporting Period Coverage will be granted at no additional premium subject to the terms of the policy.

STATE OF ILLINOIS
FILED

APR 15 2000

SPRINGFIELD, ILLINOIS
Page 5

GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

2. Extended Reporting Period coverage will be granted subject to the following premium discounts provided the Insured retires and completely withdraws from the practice of medicine:

<u>Years of Coverage*</u>	<u>Premium Discount</u>
9	90%
8	80%
7	70%
6	60%
5	50%
4	40%
3	30%
2	20%
1	10%

* Years of coverage must be Claims Made coverage basis with the Company.

3. Payment Factors:

The following factors shall be applied to the **mature** claims made rate in effect at the inception of the last claims made policy:

Years of Prior Claims Made Coverage	Installment Factors			Prepaid Factors
	1 st Year	2 nd Year	3 rd Year	
1	.36	.34	.28	.92
2	.58	.55	.39	1.43
3	.67	.55	.59	1.70
4 or more	.84	.55	.59	1.87

M. PHYSICIANS & SURGEONS PRACTICE/SPECIALTY CLASSIFICATIONS

Each physician/surgeon is assigned a practice classification code according to their respective medical specialty. When more than one classification is applicable, the highest rated classification shall apply.

Class 1A -

<u>Medical Specialty</u>	<u>Code</u>
AEROSPACE MEDICINE	80230
ALLERGY	80254
DERMATOLOGY - NO SURGERY	80256
DIABETES - NO SURGERY	80237
FORENSIC/LEGAL MEDICINE	80240
GENERAL PREVENTIVE MEDICINE	80231
GERIATRIC MEDICINE - NO SURGERY	80243
OCCUPATIONAL/INDUSTRIAL MEDICINE	80233
OPHTHALMOLOGY - NO SURGERY/LASER	80263
OTOLARYNGOLOGY - NO SURGERY	80265

DEPARTMENT OF INSURANCE
STATE OF ILLINOIS
FILED
APR 18 2000
SPRINGFIELD, ILLINOIS

GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

Class 1A - continued

<u>Medical Specialty</u>	<u>Code</u>
PHYSICAL MEDICINE/REHABILITATION	80235
PUBLIC HEALTH	80236
PULMONARY MEDICINE	80269
RHEUMATOLOGY	80252

Class 1B -

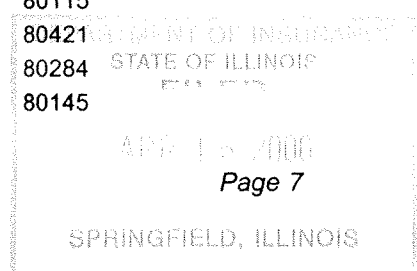
<u>Medical Specialty</u>	<u>Code</u>
CARDIOVASCULAR DISEASE - NO SURGERY	80255
DERMATOLOGY - INVASIVE PROCEDURES	80282
DIABETES - MINOR SURGERY	80271
ENDOCRINOLOGY - MINOR SURGERY	80272
GASTROENTEROLOGY - MINOR SURGERY	80274
GERIATRIC MEDICINE - MINOR SURGERY	80276
GYNECOLOGY - MINOR SURGERY	80277
HEMATOLOGY/ONCOLOGY	80278
INFECTIOUS DISEASE	80279
NEPHROLOGY	80287
OPHTHALMOLOGY - WITH SURGERY/LASER	80114
PATHOLOGY	80266
PSYCHIATRY	80162
RADIATION ONCOLOGY	80280

Class 1 -

<u>Medical Specialty</u>	<u>Code</u>
DERMATOLOGY - HAIR TRANSPLANT, PLASTICS	80472
DIAGNOSTIC RADIOLOGY	80253
FAMILY/GENERAL PRACTICE - NO SURGERY/OB	80420
INTERNAL MEDICINE - NO SURGERY	80257
NEUROLOGY - NO SURGERY	80261
PEDIATRICS - NO SURGERY	80267

Class 2 -

<u>Medical Specialty</u>	<u>Code</u>
ANESTHESIOLOGY	80151
ANGIO/ARTERIO/CATHETERIZATION	80422
COLON & RECTAL SURGERY	80115
FAMILY/GENERAL PRACTICE-MINOR SURG/NO OB	80421
INTERNAL MEDICINE - INVASIVE PROCEDURES	80284
UROLOGY - NO IMPLANTS	80145



GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

Class 3 -

<u>Medical Specialty</u>	<u>Code</u>
EMERGENCY MEDICINE	80157
FAMILY/GENERAL PRACTICE - SURG/OB - UP to 40	80117
GENERAL SURGERY	80143
GYNECOLOGY - SURGERY	80167
HAND SURGERY	80169
INTENSIVE CARE MEDICINE	80283
NEONATOLOGY/PERINATOLOGY	80474
OTOLARYNGOLOGY (NO ELECTIVE PLASTIC)	80159
PEDIATRIC SURGERY	80293
PODIATRY	80993
THORACIC SURGERY	80144
TRAUMATIC SURGERY	80171
VASCULAR SURGERY	80146

Class 4 -

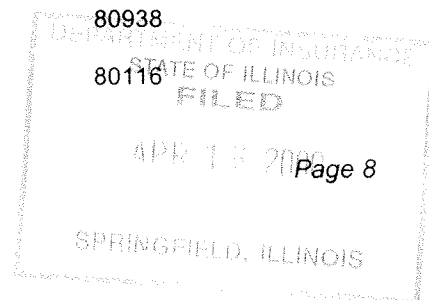
<u>Medical Specialty</u>	<u>Code</u>
CARDIOVASCULAR SURGERY	80150
ORTHOPEDIC SURGERY	80154
OTOLARYNGOLOGY WITH ELECTIVE PLASTIC	80155
PLASTIC SURGERY	80156

Class 5 -

<u>Medical Specialty</u>	<u>Code</u>
NEUROSURGERY	80152
OBSTETRICS/OB/GYN	80153

Ancillary Medical Personnel Classifications

<u>Specialty</u>	<u>Code</u>
Dental Hygienists	80210
Medical Laboratory Technician	80711
Nurse Midwife	80962
Nurse Practitioner	80998
Nurse Anesthetist	80960
Opticians	80937
Optometrist	80994
Paramedics	80116
Pharmacists	59112
Physician Assistant	80116
Physiotherapists	80938
Scrub Nurse/Operating Room Technician:	
1. whose duties require them to assist & remain in the O.R. for a surgical procedure.	80116



GREAT LAKES PHYSICIANS & SURGEONS PURCHASING GROUP, INC.

Underwritten by

CHICAGO INSURANCE COMPANY

State Exceptions Section

- | | |
|---|-------|
| 2. whose duties are to set up the O.R., but who do not remain in O.R. during a procedure. | 80998 |
| Surgeon Assistant | 80116 |
| X-Ray Technician: | |
| 1. with Therapy | 80714 |
| 2. without Therapy | 80713 |

All other medical personnel including:

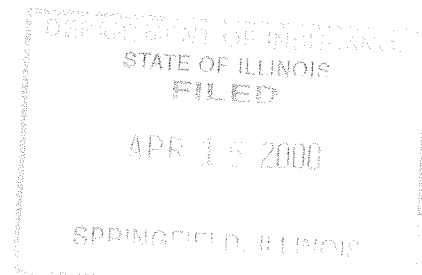
- | | |
|---------------------------------|---------------|
| 1. Audiologist, Medical Aide | 80998 |
| 2. R.N./ L.P.N. | 80964 / 80963 |
| 3. Psychologist, Research Ph.D. | 80998 |

Additional Classifications:

- | | |
|--|-------|
| Professional Corporation/Partnership/Association | 80999 |
| Medical Laboratory | 80715 |

The following classifications identify additional potential exposures applicable to a practice, and require prior underwriting approval by the Company.

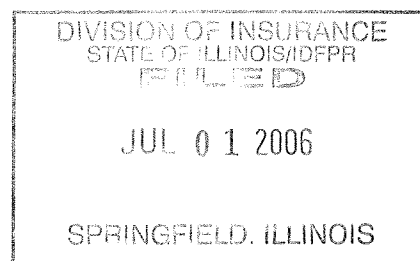
- | | |
|-------------------------|---------------|
| Clinical Surgery Center | 80610 |
| Emergency Room | 80610 |
| Medical Facility | 80610 / 80611 |



**CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/06**

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%



CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/06

8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.

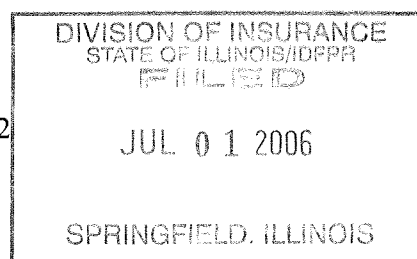
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

12. Quarterly installments:

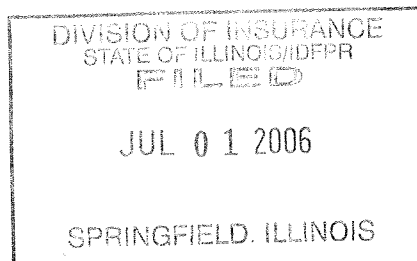
- a. Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
- b. Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
- c. Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
- d. Each installment fee paid is fully earned.
- e. No interest charges
- f. A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.



CHICAGO INSURANCE COMPANY
ANA / SNA PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 03/01/06

<u>Employed Professionals</u>	<u>1M / 6M</u>
First Year Graduate RN's	45
LPN's, LVN's, Nurses Aides/Assistants	98
RN's (excluding Obstetrical RN's)	98
Obstetrical RN's	385
Pharmacists	151
Speech & Hearing	79
Dental Hygienist	66
Rehabilitation Therapists	158
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists	213
Dieticians	76
Opticians	209
Occupational Therapists	76
Medical Technologists	104
Respiratory Therapists	84
<u>Advanced Practice Nurses *</u>	
Obstetrical Advanced Practice Nurse *	1382
Psychiatric Advanced Practice Nurse *	864
Pediatric/Family Practice Advanced Practice Nurse *	1123
All Other Advanced Practice Nurse *	605
<u>Self-Employed Professionals</u>	
Ostetrical Nurses	880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	385
Pharmacists	407
Speech & Hearing	143
Dental Hygienist	252
Rehabilitation Therapists	450
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists, Orthopedic Technicians	1032
Dieticians	283
Opticians	359
Occupational Therapists	212
Medical Technologists	398
Respiratory Therapists	318

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.

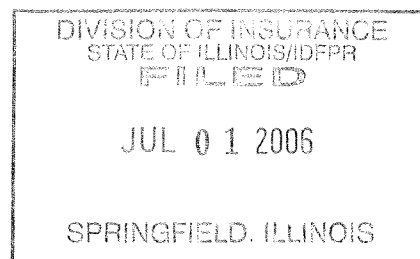


CHICAGO INSURANCE COMPANY
ANA / SNA PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 03/01/06

<u>Self-Employed Professionals Continued</u>	<u>1M / 6M</u>
<u>Advanced Practice Nurses*</u>	
Obstetrical Advanced Practice Nurse*	1659
Psychiatric Advanced Practice Nurse*	1037
Pediatric/Family Practice Advanced Practice Nurse*	1348
All Other Advanced Practice Nurse*	726

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.

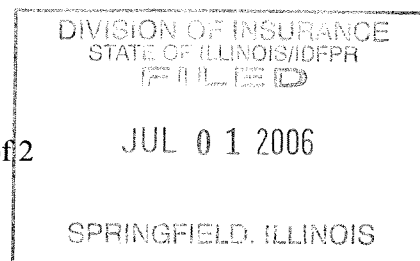
<u>Optional Coverages</u>	<u>1M / 6M</u>
General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150



CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/2006

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%



CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/2006

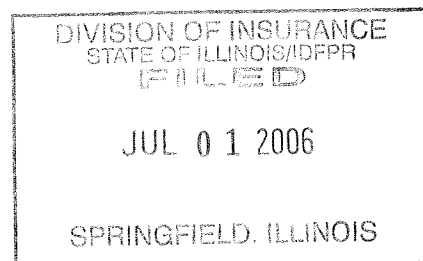
8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

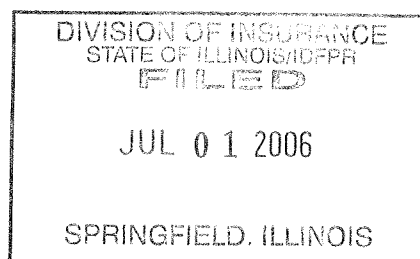
11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.
12. Quarterly installments:
- Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
 - Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
 - Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
 - Each installment fee paid is fully earned.
 - No interest charges
 - A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.



CHICAGO INSURANCE COMPANY
AMERICAN HEALTHCARE PROFESSIONS PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 03/01/06

<u>Employed Professionals</u>	<u>1M / 6M</u>
First Year Graduate RN's	68
LPN's, LVN's, Nurses Aides/Assistants	98
RN's (excluding Obstetrical RN's)	98
Obstetrical RN's	385
Pharmacists	151
Speech & Hearing	79
Dental Hygienist	66
Rehabilitation Therapists	158
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers,	
Massage Therapists	213
Dieticians	76
Opticians	209
Occupational Therapists	76
Medical Technologists	104
Respiratory Therapists	84
<u>Advanced Practice Nurses *</u>	
Obstetrical Advanced Practice Nurse *	1382
Psychiatric Advanced Practice Nurse *	864
Pediatric/Family Practice Advanced Practice Nurse *	1123
All Other Advanced Practice Nurse *	605
<u>Self-Employed Professionals</u>	
Ostetrical Nurses	880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	385
Pharmacists	407
Speech & Hearing	143
Dental Hygienist	252
Rehabilitation Therapists	450
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers,	
Massage Therapists, Orthopedic Technicians	1032
Dieticians	283
Opticians	359
Occupational Therapists	212
Medical Technologists	398
Respiratory Therapists	318

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.

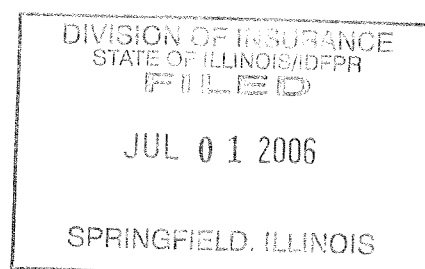


CHICAGO INSURANCE COMPANY
AMERICAN HEALTHCARE PROFESSIONS PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 03/01/06

<u>Self-Employed Professionals Continued</u>	<u>1M / 6M</u>
<u>Advanced Practice Nurses*</u>	
Obstetrical Advanced Practice Nurse*	1659
Psychiatric Advanced Practice Nurse*	1037
Pediatric/Family Practice Advanced Practice Nurse*	1348
All Other Advanced Practice Nurse*	726

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.

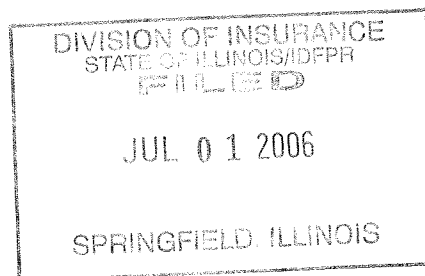
<u>Optional Coverages</u>	<u>1M / 6M</u>
General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150



**CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/06**

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%



**CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/06**

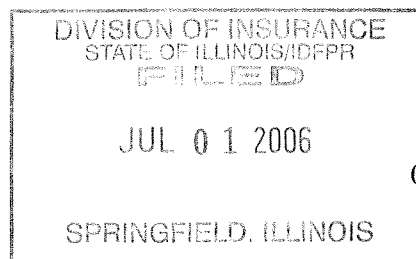
8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

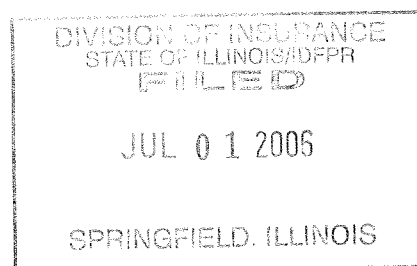
11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.
12. Quarterly installments:
- Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
 - Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
 - Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
 - Each installment fee paid is fully earned.
 - No interest charges
 - A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.



CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 03/01/06

<u>Employed Professionals</u>	<u>1M / 6M</u>
First Year Graduate RN's	68
LPN's, LVN's, Nurses Aides/Assistants	98
RN's (excluding Obstetrical RN's)	98
Obstetrical RN's	385
Pharmacists	151
Speech & Hearing	79
Dental Hygienist	66
Rehabilitation Therapists	158
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists	213
Dieticians	76
Opticians	209
Occupational Therapists	76
Medical Technologists	104
Respiratory Therapists	84
<u>Advanced Practice Nurses *</u>	
Obstetrical Advanced Practice Nurse *	1382
Psychiatric Advanced Practice Nurse *	864
Pediatric/Family Practice Advanced Practice Nurse *	1123
All Other Advanced Practice Nurse *	605
<u>Self-Employed Professionals</u>	
Ostetrical Nurses	880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	385
Pharmacists	407
Speech & Hearing	143
Dental Hygienist	252
Rehabilitation Therapists	450
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists, Orthopedic Technicians	1032
Dieticians	283
Opticians	359
Occupational Therapists	212
Medical Technologists	398
Respiratory Therapists	318

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.

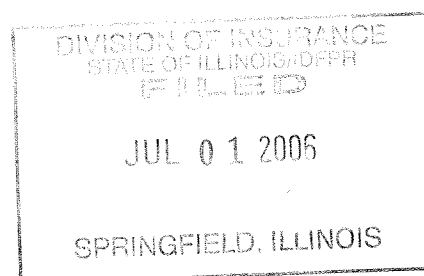


CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 03/01/06

<u>Self-Employed Professionals Continued</u>	<u>1M / 6M</u>
<u>Advanced Practice Nurses*</u>	
Obstetrical Advanced Practice Nurse*	1659
Psychiatric Advanced Practice Nurse*	1037
Pediatric/Family Practice Advanced Practice Nurse*	1348
All Other Advanced Practice Nurse*	726

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.

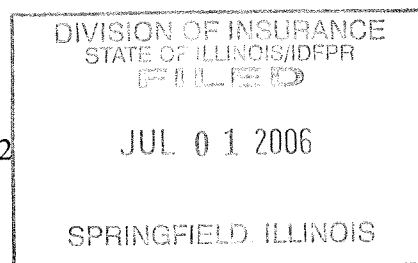
<u>Optional Coverages</u>	<u>1M / 6M</u>
General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150



CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/2006

1. “Self-employed” is defined as professional who operate their own business or practice and also includes individuals who work any combination of both employed and self-employed.
2. “Part-Time” is defined as an individual who works 20 hours or less per week. The rate for such professionals shall be 50% of the rate shown on the rate page, subject to a minimum of \$100. Obstetrical Advanced Practice Nurses are not eligible to receive the part time discount.
3. “Full Time” is defined as an individual who works more than 20 hours per week.
4. Rates shown are for each professional.
5. Self-employed health care professionals operating their business or private practice are rated as follows:
 - a. Individual (owner, partner, corporate officer or independent contractor, named on the policy), is rated as a self-employed individual.
 - b. Each employee of the business or private practice, named on the policy, is rated per employed profession, using rates as scheduled on the rate page.
 - c. Premiums developed from a. and b. above are added together to determine total Professional Liability premium.
6. A risk management premium credit of up to 25% will apply for attendance at an approved risk management/legal issues seminar for nurses. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar – one credit – one annual policy period). The credit is available up to a 15 month period following the attendance date.
7. A size of group credit will be provided for practices which insure more than one professional under one policy (“groups”). This premium credit will be based upon the number of professionals insured under such “group” as follows:

<i>Number of Professionals</i>	<i>Credit</i>
2 – 9	4.00%
10 – 14	8.00%
15+	12.00%



CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSES ORGANIZATION PURCHASING GROUP ASSOCIATION
RATING RULES – NURSES PROGRAM
Effective 10/01/2006

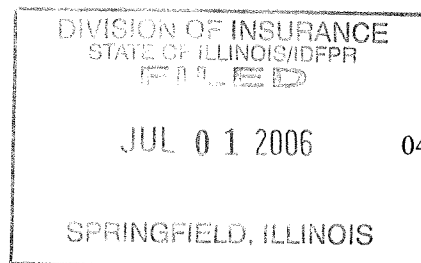
8. Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

9. First Year Graduate RN is defined as a Registered Nurse who has completed the training as a Registered Nurse within the previous twelve months and who is applying for coverage as an individual.
10. Decreased and Increased Limits factors apply to the \$1,000,000/\$6,000,000 base limit rate and are as follows:

<i>Limit Option</i>	<i>Limit Factor (LF)</i>
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$6,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

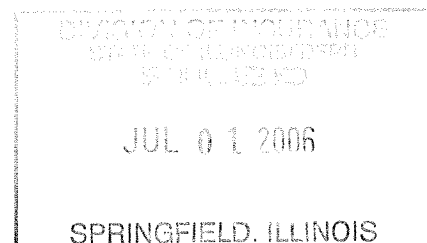
11. Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.
12. Quarterly installments:
- Down payment of 40% of annual premium and three quarterly installments of 20% each of annual premium.
 - Additional premium, resulting from changes to policy, shall be spread equally over the remaining installments, if any. If there are no remaining installments, premium is due immediately.
 - Installment charge/billing fee of \$25 or 1% of the annual premium (whichever is less) will be assessed per installment, including the down payment.
 - Each installment fee paid is fully earned.
 - No interest charges
 - A late penalty of \$25 or 1.5% of the annual premium (whichever is greater) may be assessed for each installment received after five calendar days past the due date.



CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSING ORGANIZATION PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 03/01/06

<u>Employed Professionals</u>	<u>1M / 6M</u>
First Year Graduate RN's	68
LPN's, LVN's, Nurses Aides/Assistants	98
RN's (excluding Obstetrical RN's)	98
Obstetrical RN's	385
Pharmacists	151
Speech & Hearing	79
Dental Hygienist	66
Rehabilitation Therapists	158
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists	213
Dieticians	76
Opticians	209
Occupational Therapists	76
Medical Technologists	104
Respiratory Therapists	84
<u>Advanced Practice Nurses *</u>	
Obstetrical Advanced Practice Nurse *	1382
Psychiatric Advanced Practice Nurse *	864
Pediatric/Family Practice Advanced Practice Nurse *	1123
All Other Advanced Practice Nurse *	605
<u>Self-Employed Professionals</u>	
Ostetrical Nurses	880
Registered Nurses (including LPN's, LVN's, Aides, Assistants, Home Health & Staff Relief Supervisors)	385
Pharmacists	407
Speech & Hearing	143
Dental Hygienist	252
Rehabilitation Therapists	450
Athletic Trainers, Rolfers, Corrective Therapists, Heller Workers, Structural Body Workers, Massage Therapists, Orthopedic Technicians	1032
Dieticians	283
Opticians	359
Occupational Therapists	212
Medical Technologists	398
Respiratory Therapists	318

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.



CHICAGO INSURANCE COMPANY
PROFESSIONAL NURSING ORGANIZATION PURCHASING GROUP ASSOCIATION
ANNUAL RATES - NURSES PROGRAM
Effective 03/01/06

Self-Employed Professionals Continued 1M / 6M

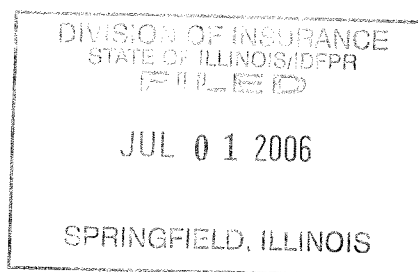
Advanced Practice Nurses*

Obstetrical Advanced Practice Nurse*	1659
Psychiatric Advanced Practice Nurse*	1037
Pediatric/Family Practice Advanced Practice Nurse*	1348
All Other Advanced Practice Nurse*	726

* Includes Nurse Practitioners and Clinical Nurse Specialists with Prescriptive and Medical Diagnostic Authority.

Optional Coverages 1M / 6M

General Liability - First Location	120
General Liability - per Additional Location	50
Additional Insureds - Professional Liability only	125
Additional Insureds - Professional Liability & General Liability	150



CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - CLAIMS-MADE

1. The rates shown on the rate page apply per individual person insured under the policy.
2. Part-time rates apply to those nurse anesthetists who are fully employed and moonlight 20 hours or less per week. The rate shall be 50% of the rate shown on the rate page.
3. Nurse anesthetists who are only self-employed 20 hours or less per week are charged 75% of the rate shown on the rate page.
4. Student nurse anesthetists' rate shall be 35% of the nurse anesthetists rate shown on the rate page.
5. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

6. Prior Acts Coverage: The Prior Acts surcharge includes the total number of years prior acts is covered. In other words, the total of 1) the number of years covered in any Prior Acts Endorsement and 2) the number of policy years to which this policy is a renewal by the Company

<u>Years of Prior Acts Coverage</u>	<u>Modification Factors</u>
No prior acts coverage	.55
One year prior acts coverage	.80
Two years prior acts coverage	.95
Three years prior acts coverage	.99
Four or more years prior acts coverage	1.00

For the purposes of applying this credit, round to the nearest year (i.e., 1 year, 8 months would be 2 years).

7. Additional insured coverage will be provided for an additional premium charge of 10% of the applicable CRNA rate.
8. Extended Reporting Period Factors:

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - CLAIMS-MADE
(Continued)

<u>Number of Years of Claims-Made Coverage</u>	<u>ERP Factor</u>
One year of claims-made coverage	.55
Two years of claims-made coverage	.80
Three or more years of claims-made coverage	.85

The above provides for an unlimited extended reporting period.

9. The following Increased Limits Factors are applied to the 100,000/300,000 rate:

<u>Limits of Liability</u>	<u>Increased Limits Factor</u>
200,000/600,000	1.26
250,000/750,000	1.36
500,000/1,000,000	1.63
1,000,000/1,000,000	1.90
1,000,000/3,000,000	2.00
2,000,000/4,000,000	2.50

10. Locum Tenens Nurse Anesthetists will be charged the rate for the state in which the majority (50% or greater) of their professional services are performed.
11. Full-time equivalents may be utilized for certified registered nurse anesthetists groups who contract services to outside facilities. Two thousand hours a year will equal one full-time rate.
12. Ten percent of the applicable CRNA rate will be charged for each independent contractor to provide defense and indemnity for claims against the Insured arising out of the actions of any independent contractor and for which the Insured is liable under the theories of vicarious liability.
13. A risk management premium credit of 10% will apply for attendance at an approved risk management/legal issues seminar for nurse anesthetists. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.
14. Hazards may vary with the facilities practiced at, professional services rendered,

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - CLAIMS-MADE
(Continued)

continuing educational maintenance, monitoring devices employed, medical specialties where anesthesia is provided, etc. To recognize these unique factors, the underwriter may apply a modification factor to the premium otherwise developed, based upon an overall evaluation of the risk. The maximum modification is limited to plus or minus 25%.

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - OCCURRENCE

1. To convert the mature claims-made rate shown at basic limits of \$100,000/\$300,000 to an occurrence rate, a multiplier of 1.035 should be applied. The rates apply per individual person insured under the policy.
2. Part-time rates apply to those nurse anesthetists who are fully employed and moonlight 20 hours or less per week. The rate shall be 50% of the rate shown on the rate page.
3. Nurse anesthetists who are only self-employed 20 hours or less per week are charged 75% of the rate shown on the rate page.
4. Student nurse anesthetists' rate shall be 35% of the nurse anesthetists rate shown on the rate page.
5. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

6. The following Increased Limits Factors are applied to the 100,000/300,000 rate:

<u>Limits of Liability</u>	<u>Increased Limits Factor</u>
200,000/600,000	1.26
250,000/750,000	1.36
500,000/1,000,000	1.63
1,000,000/1,000,000	1.90
1,000,000/3,000,000	2.00
2,000,000/4,000,000	2.50

7. Locum Tenens Nurse Anesthetists will be charged the rate for the state in which the majority (50% or greater) of their professional services are performed.
8. Additional insured coverage will be provided for an additional premium charge of 10% of the applicable CRNA rate.
9. Applicants currently insured on a claims-made policy wishing to switch to an occurrence policy may purchase prior acts coverage under the occurrence form using the following

CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - OCCURRENCE
(Continued)

formula:

Fully Mature Claims-Made Rate x ERP Factor = Prior Acts Premium (68% of the prior acts premium will provide a one year reporting period; 38% of the prior acts premium will provide for the second year reporting period; and 11% of the prior acts premium will provide for an unlimited reporting period. Each of the endorsements will be attached to three consecutive occurrence policy periods and the third year endorsement will provide an unlimited reporting period.) The endorsements are not to be used or attached to any policy after the third year.

10. Full-time equivalents may be utilized for certified registered nurse anesthetists groups who contract services to outside facilities. Two thousand hours a year will equal one full-time rate.
11. Ten percent of the applicable CRNA rate will be charged for each independent contractor to provide defense and indemnity for claims against the Insured arising out of the actions of any independent contractor and for which the Insured is liable under the theories of vicarious liability.
12. A risk management premium credit of 10% will apply for attendance at an approved risk management/legal issues seminar for nurse anesthetists. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.
13. Hazards may vary with the facilities practiced at, professional services rendered, continuing educational maintenance, monitoring devices employed, medical specialties where anesthesia is provided, etc. To recognize these unique factors, the underwriter may apply a modification factor to the premium otherwise developed, based upon an overall evaluation of the risk. The maximum modification is limited to plus or minus 25%.

**CHICAGO INSURANCE COMPANY
ANA/SNA PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
PROFESSIONAL LIABILITY
CLAIMS-MADE MATURE RATE - PER INDIVIDUAL (FULL-TIME)
Effective 02/01/96
(\$100,000/\$300,000)**

ILLINOIS

\$2,734

**CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - CLAIMS-MADE**

1. The rates shown on the rate page apply per individual person insured under the policy.
2. Part-time rates apply to those nurse anesthetists who are fully employed and moonlight 20 hours or less per week. The rate shall be 50% of the rate shown on the rate page.
3. Nurse anesthetists who are only self-employed 20 hours or less per week are charged 75% of the rate shown on the rate page.
4. Student nurse anesthetists' rate shall be 35% of the nurse anesthetists rate shown on the rate page.
5. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;
\$.50 or more shall be rounded to the next whole dollar.

6. Prior Acts Coverage: The Prior Acts surcharge includes the total number of years prior acts is covered. In other words, the total of 1) the number of years covered in any Prior Acts Endorsement and 2) the number of policy years to which this policy is a renewal by the Company

<u>Years of Prior Acts Coverage</u>	<u>Modification Factors</u>
No prior acts coverage	.55
One year prior acts coverage	.80
Two years prior acts coverage	.95
Three years prior acts coverage	.99
Four or more years prior acts coverage	1.00

For the purposes of applying this credit, round to the nearest year (i.e., 1 year, 8 months would be 2 years).

7. Additional insured coverage will be provided for an additional premium charge of 10% of the applicable CRNA rate.

CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - CLAIMS-MADE
(Continued)

8. Extended Reporting Period Factors:

<u>Number of Years of Claims-Made Coverage</u>	<u>ERP Factor</u>
One year of claims-made coverage	.55
Two years of claims-made coverage	.80
Three or more years of claims-made coverage	.85

The above provides for an unlimited extended reporting period.

9. The following Increased Limits Factors are applied to the 100,000/300,000 rate:

<u>Limits of Liability</u>	<u>Increased Limits Factor</u>
200,000/600,000	1.26
250,000/750,000	1.36
500,000/1,000,000	1.63
1,000,000/1,000,000	1.90
1,000,000/3,000,000	2.00
2,000,000/4,000,000	2.34

10. Locum Tenens Nurse Anesthetists will be charged the rate for the state in which the majority (50% or greater) of their professional services are performed.
11. Full-time equivalents may be utilized for certified registered nurse anesthetists groups who contract services to outside facilities. Two thousand hours a year will equal one full-time rate.
12. Ten percent of the applicable CRNA rate will be charged for each independent contractor to provide defense and indemnity for claims against the Insured arising out of the actions of any independent contractor and for which the Insured is liable under the theories of vicarious liability.
13. A risk management premium credit of 10% will apply for attendance at an approved risk management/legal issues seminar for nurse anesthetists. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.

CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - OCCURRENCE

1. To convert the mature claims-made rate shown at basic limits of \$100,000/\$300,000 to an occurrence rate, a multiplier of 1.035 should be applied. The rates apply per individual person insured under the policy.
2. Part-time rates apply to those nurse anesthetists who are fully employed and moonlight 20 hours or less per week. The rate shall be 50% of the rate shown on the rate page.
3. Nurse anesthetists who are only self-employed 20 hours or less per week are charged 75% of the rate shown on the rate page.
4. Student nurse anesthetists' rate shall be 35% of the nurse anesthetists rate shown on the rate page.
5. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

6. The following Increased Limits Factors are applied to the 100,000/300,000 rate:

<u>Limits of Liability</u>	<u>Increased Limits Factor</u>
200,000/600,000	1.26
250,000/750,000	1.36
500,000/1,000,000	1.63
1,000,000/1,000,000	1.90
1,000,000/3,000,000	2.00
2,000,000/4,000,000	2.34

7. Locum Tenens Nurse Anesthetists will be charged the rate for the state in which the majority (50% or greater) of their professional services are performed.
8. Additional insured coverage will be provided for an additional premium charge of 10% of the applicable CRNA rate.

CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
RATING RULE PAGE - OCCURRENCE
(Continued)

9. Applicants currently insured on a claims-made policy wishing to switch to an occurrence policy may purchase prior acts coverage under the occurrence form using the following formula:

Fully Mature Claims-Made Rate x ERP Factor = Prior Acts Premium (68% of the prior acts premium will provide a one year reporting period; 38% of the prior acts premium will provide for the second year reporting period; and 11% of the prior acts premium will provide for an unlimited reporting period. Each of the endorsements will be attached to three consecutive occurrence policy periods and the third year endorsement will provide an unlimited reporting period.) The endorsements are not to be used or attached to any policy after the third year.

10. Full-time equivalents may be utilized for certified registered nurse anesthetists groups who contract services to outside facilities. Two thousand hours a year will equal one full-time rate.
11. Ten percent of the applicable CRNA rate will be charged for each independent contractor to provide defense and indemnity for claims against the Insured arising out of the actions of any independent contractor and for which the Insured is liable under the theories of vicarious liability.
12. A risk management premium credit of 10% will apply for attendance at an approved risk management/legal issues seminar for nurse anesthetists. The seminar must be at least 4 hours in length for an individual policyholder. For a group policy, 50% of the insureds within the group must have attended a seminar for the credit to be applied. The credit will be on a one-time basis (one seminar - one credit - one annual policy period). The credit is available up to a 15 month period following the attendance date.

**CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
CERTIFIED REGISTERED NURSE ANESTHETISTS
PROFESSIONAL LIABILITY
CLAIMS-MADE MATURE RATE - PER INDIVIDUAL (FULL-TIME)
Effective 02/01/96
(\$100,000/\$300,000)**

ILLINOIS

\$2,734

CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
CERTIFIED NURSE MIDWIVES/CERTIFIED MIDWIVES
RATING RULE PAGE - CLAIMS-MADE

1. Exposure Basis: The annual rates shown on the rate pages apply per individual person insured under the policy.
2. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.
3. Restricted Practice: The rate applicable to Midwives not involved in labor or delivery is 50% of the certified nurse midwife rate. If this rule applies, endorsement PLE-2163 is attached at policy inception.

This rule does not apply to student midwives.

4. Prior Acts Coverage: The Prior Acts surcharge includes the total number of years prior acts is covered. In other words, the years between the Prior Acts Date on the Declarations and the policy effective date.

<u>Years of Prior Acts Coverage</u>	<u>Modification Factor</u>
One year prior acts coverage	1.00
Two years prior acts coverage	1.20
Three years prior acts coverage	1.50
Four years prior acts coverage	1.70
Five or more years prior acts coverage	1.90

This rule does not apply to student midwives.

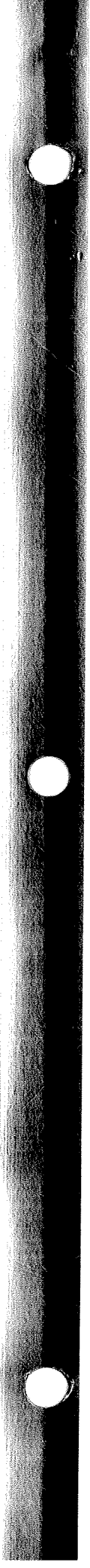
For the purposes of applying this factor, round to the nearest year (i.e., 1 year, 7 months would be 2 years).

CHICAGO INSURANCE COMPANY
NATIONAL NURSES PURCHASING GROUP ASSOCIATION
CERTIFIED NURSE MIDWIVES/CERTIFIED MIDWIVES
RATING RULE PAGE - CLAIMS-MADE

5. Increased Limits Factors: The following factors are applied to the base rate shown on the accompanying state rate page:

<u>Limits of Liability</u>	<u>Increased Limits Factor</u>
250,000/500,000	1.00
500,000/1,000,000	1.17
1,000,000/1,000,000	1.27
1,000,000/3,000,000	1.33
2,000,000/4,000,000	1.66

6. Additional Insured: Coverage will be provided for an additional premium charge of 10% of the applicable Certified Nurse Midwife rate.
7. Territory: Midwives, practicing in more than one territory, whether as permanent providers or on a Locum Tenens basis, will be rated in the territory in which the majority (50% or greater) of their professional services are performed. If no territory of practice comprises a majority of practice, the midwife will be rated in the highest applicable territory.
8. Risk Variation: Hazards may vary with the facilities practiced at, professional services rendered, continuing educational maintenance, techniques employed, etc. To recognize these unique factors, the underwriter may apply a modification factor to the premium otherwise developed, based upon an overall evaluation of the risk. The maximum modification is limited to plus or minus 25%.
9. Extended Reporting Period Factor: The premium charge for an unlimited ERP is 200% of the full, annual, expiring premium.



CHICAGO INSURANCE COMPANY

PSYCHOLOGIST PURCHASING GROUP ASSOCIATION RATING GUIDELINES CLAIMS MADE PSYCHOLOGISTS PLAN

1. The rates shown on the Rate Pages for the Psychologist Plan apply per individual person insured under the policy.

2. Size of Firm Credit

A credit will be applied to the total group premium for the ratable headcount as follows:

<u>Group Size</u>	<u>Premium Credit</u>
3 - 5	4%
6 - 10	6%
11 - 15	8%
16 - 19	10%
20 and above	15%

*Group Size means total number of ratable headcount (owners and employees) and does not include independent contractors or additional insureds.

3. Loss Prevention/Risk Management Credit

A 5% risk management premium credit will apply for attendance at an American Psychological Association-approved seminar for continuing education, of at least 4 hours in length, for an individual policyholder. A 15% risk management premium credit will apply for completion of continuing education seminars directed and presented specifically by the APAIT (American Psychological Association Insurance Trust). The 15% credit will apply for 2 annual consecutive policy periods. For a group policy, 50% of the insureds within the group must have attended a seminar for the applicable 5% or 15% credit to apply. The total risk management credit may not exceed 15% in any one policy period. The credit will be a one-time basis (one seminar-one 5% or 15%). The credit is available up to a 15-month period following the attendance date.

4. Claims Experience Modification Factor

A debit or credit of up to 25% will be applied to the Professional Liability Premium based on the individual loss experience of the submission. The criteria used in determining the applicable modification factor is as follows:

- | | |
|-----------------------|--|
| 1. number of claims | 4. number of employees/exposure units as a |
| 2. severity of claims | function of the number of professionally |
| 3. type of claims | insured during the year. |

AUG 1 - 1997

5. Additional Insureds

One additional insured premium applies to each entity for which additional insured status is requested. In the event a landlord is named as an additional insured under the premises liability, the standard rate for an additional insured will be waived.

6. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less will be dropped.

\$.50 or more will be rounded to the next whole dollar.

7. The Number of years that an insured served as a volunteer Board member for the American Psychological Association or any of the state psychological associations, as well as any of their kindred organizations, may be used towards credit in fulfilling the requirement of 5 years of continuous claims-made coverage with Chicago Insurance Company for a free ERP upon retirement (as described in the policy).

8. Extended Reporting Period Option

Charge for ERP:

- a. 90 % of the full annual premium for this policy, to a period of 12 months, or
- b. 135% of the full annual premium for this policy, to a period of 24 months, or
- c. 150% of the full annual premium for this policy, to a period of 36 months, or
- d. 175% of the full annual premium for this policy, to an unlimited period.

9. New Business Discount

A credit of 10% will apply to an individual rate for a psychologist owner, partner and/or officer who is currently insured with another carrier and has had no losses reported over the past six (6) months.

10. New Graduate Rate

The rate for a New Graduate Psychologist is 75% of the applicable Psychologist Rate.

11. Part-Time Rate

The rate for a part-time professional (20 hours or less per week) is 65% of the full-time rates shown on the rate sheets.

12. If a network is written, the applicable rates and rating rules herein will apply to the providers/contracting parties working on behalf of the network.

13. A charge will apply to all groups, partnerships or corporations if not all of the owners, partners, or officers are insured under the entity's policy or insured at all. The charge will be 10% of the premium that would apply as a CIC insured for those individuals not insured under the entity's policy or not insured at all.
14. An option is offered to purchase a limit of \$25,000 for reimbursement of costs incurred defending licensing board complaints at an additional charge of \$35, or a limit of \$50,000 at an additional charge of \$45.
15. For those individual psychologists who received the premium waived Extending Reporting Period as described in 7. above, and have subsequently decided to return to practice, they will re-enter the program at the Step following that which they left less a discount factor to be applied each year after re-entry based on the following chart:

Years <u>Retired</u>	<u>Years after re-entry</u>				
	1	2	3	4	5
1	0.87	0.89	0.93	0.98	1.00
2	0.73	0.79	0.89	0.97	1.00
3	0.62	0.74	0.86	0.96	1.00
4	0.56	0.70	0.84	0.95	1.00
5+	0.51	0.68	0.83	0.95	1.00

16. A 5% credit will be applied to the premium if the insured has also purchased a Business Owners Liability Policy.

AUG 1 - 1997

CHICAGO INSURANCE COMPANY

PSYCHOLOGIST PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
STATE OF ILLINOIS
CLAIMS MADE PSYCHOLOGISTS PLAN

1. The rates shown on the rate pages apply per individual person insured under the policy. The base rates are shown on the rate pages entitled "All Other". The two other sets of rates incorporate the modifications that were agreed upon between CIC and the Department in our October 17, 1995 submission.

2. Size of Firm Credit

A credit will be applied to the total group premium for the ratable headcount as follows:

<u>Group Size</u>	<u>Premium Credit</u>
3 - 5	4%
6 - 10	6%
11 - 15	8%
16 - 19	10%
20 and above	15%

*Group Size means total number of ratable headcount (owners and employees) and does not include independent contractors or additional insureds.

3. Loss Prevention/Risk Management Credit

A 5% risk management premium credit will apply for attendance at an American Psychological Association-approved seminar for continuing education, of at least 4 hours in length, for an individual policyholder. A 15% risk management premium credit will apply for completion of continuing education seminars directed and presented specifically by the APAIT (American Psychological Association Insurance Trust). The 15% credit will apply for 2 annual consecutive policy periods. For a group policy, 50% of the insureds within the group must have attended a seminar for the applicable 5% or 15% credit to apply. The total risk management credit may not exceed 15% in any one policy period. The credit will be a one-time basis (one seminar-one 5% or 15%). The credit is available up to a 15-month period following the attendance date.

4. Additional Insureds

One additional insured premium applies to each entity for which additional insured status is requested. In the event a landlord is named as an additional insured under the premises liability, the standard rate for an additional insured will be waived.

5. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less will be dropped.

\$.50 or more will be rounded to the next whole dollar.

6. The Number of years that an insured served as a volunteer Board member for the American Psychological Association or any of the state psychological associations, as well as any of their kindred organizations, may be used towards credit in fulfilling the requirement of 5 years of continuous claims-made coverage with Chicago Insurance Company for a free ERP upon retirement (as described in the policy).

7. Extended Reporting Period Option

Charge for ERP:

- a. 90 % of the full annual premium for this policy, to a period of 12 months, or
- b. 135% of the full annual premium for this policy, to a period of 24 months, or
- c. 150% of the full annual premium for this policy, to a period of 36 months, or
- d. 175% of the full annual premium for this policy, to an unlimited period.

8. New Graduate Rate

The rate for a New Graduate Psychologist working under supervision is:

65% of the applicable Psychologist rate for the 1st year

75% of the applicable Psychologist rate for the 2nd year

85% of the applicable Psychologist rate for the 3rd year

9. Part-Time Rate

The rate for a part-time professional (20 hours or less per week) is 65% of the full-time rates shown on the rate sheets.

10. If a network is written, the applicable rates and rating rules herein will apply to the providers/contracting parties working on behalf of the network.

11. A charge will apply to all groups, partnerships or corporations if not all of the owners, partners, or officers are insured under the entity's policy or insured at all. The charge will be 10% of the premium that would apply as a CIC insured for those individuals not insured under the entity's policy or not insured at all.

12. An option is offered to purchase a limit of \$25,000 for reimbursement of costs incurred defending licensing board complaints at an additional charge of \$35 or a limit of \$50,000 for an additional charge of \$45.
13. For those individual psychologists who received the premium waived Extending Reporting Period as described in 7. above, and have subsequently decided to return to practice, they will re-enter the program at the Step following that which they left less a discount factor to be applied each year after re-entry based on the following chart:

Years <u>Retired</u>	<u>Years after re-entry</u>				
	1	2	3	4	5
1	0.87	0.89	0.93	0.98	1.00
2	0.73	0.79	0.89	0.97	1.00
3	0.62	0.74	0.86	0.96	1.00
4	0.56	0.70	0.84	0.95	1.00
5+	0.51	0.68	0.83	0.95	1.00

14. A 5% credit will be applied to the premium if the insured has also purchased a Business Owners Liability Policy.
15. An option is included to purchase an endorsement that offers a limit of \$15,000 per claim/\$15,000 aggregate for Employment Practices Liability at an additional charge of \$15 per employee. This option is available only if the insured organization is comprised of less than 15 Owners/Directors/Principals and employees.

PSYCHOLOGISTS CLAIMS-MADE RATES
STATE OF
Illinois
ALL OTHER

Rate Table 1 - 1st Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	214	197	192	186	171	150	132	108
2. Per Non Psychologist (does not include clerical employees)	141	130	127	123	113	99	87	71
3. Per Independent Contractor	10	9	9	9	8	7	6	5
4. Per Additional Insured	26	24	24	23	21	18	16	13

Rate Table 2 - 2nd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	484	446	434	421	387	339	299	244
2. Per Non Psychologist (does not include clerical employees)	319	294	287	278	256	224	197	161
3. Per Independent Contractor	23	20	20	20	18	16	14	11
4. Per Additional Insured	59	54	54	52	48	41	36	29

Rate Table 3 - 3rd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	732	674	657	636	585	513	452	370
2. Per Non Psychologist (does not include clerical employees)	483	445	435	421	387	339	298	243
3. Per Independent Contractor	34	31	31	31	27	24	21	17
4. Per Additional Insured	89	82	82	79	72	62	55	44

RATES CONTINUED

Rate Table 4 - 4th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	874	804	784	759	698	612	539	441
2. Per Non Psychologist (does not include clerical employees)	576	531	519	502	461	404	355	290
3. Per Independent Contractor	41	37	37	37	33	29	24	20
4. Per Additional Insured	106	98	98	94	86	73	65	53

Rate Table 5 - 5th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	930	856	834	808	743	652	574	469
2. Per Non Psychologist (does not include clerical employees)	613	565	552	535	491	430	378	309
3. Per Independent Contractor	43	39	39	39	35	30	26	22
4. Per Additional Insured	113	104	104	100	91	78	70	56

Rate Table 6 - 6th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	967	891	868	841	773	678	597	488
2. Per Non Psychologist (does not include clerical employees)	637	588	574	556	511	448	393	321
3. Per Independent Contractor	45	41	41	41	36	32	27	23
4. Per Additional Insured	118	109	109	104	95	81	72	59

RATES CONTINUED

Rate Table 7 – 7th Year Annual Premium									
		2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate									
1.	Per Psychologist	988	910	887	859	790	693	610	499
2.	Per Non Psychologist (does not include clerical employees)	651	600	587	568	522	457	402	328
3.	Per Independent Contractor	46	42	42	42	37	32	28	23
4.	Per Additional Insured	120	111	111	106	97	83	74	60

AUG 1 - 1999

PSYCHOLOGISTS CLAIMS-MADE RATES
STATE OF
Illinois

New Business Policy without Claims in the Last Six Months and with Prior Insurance

Rate Table 1 - 1st Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	199.80	174.60	170.10	165.60	160.20	152.10	117	100.80
2. Per Non Psychologist (does not include clerical employees)	142	124	121	118	113	108	83	71
3. Per Independent Contractor	11	9	9	9	8	8	6	5
4. Per Additional Insured	26	23	22	22	21	20	15	13

Rate Table 2 - 2nd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	456.30	399.60	388.80	378.90	365.40	347.40	267.30	230.40
2. Per Non Psychologist (does not include clerical employees)	324	284	277	269	258	247	190	164
3. Per Independent Contractor	24	21	20	20	18	18	14	12
4. Per Additional Insured	60	53	52	50	48	46	35	30

Rate Table 3 - 3rd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	682.20	597.60	581.40	566.10	547.20	519.30	399.60	343.80
2. Per Non Psychologist (does not include clerical employees)	484	424	413	402	386	369	284	244
3. Per Independent Contractor	35	31	30	29	27	27	21	18
4. Per Additional Insured	89	78	76	74	72	68	52	45

RATES CONTINUED**Rate Table 4 - 4th Year Annual Premium**

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	856.80	750.60	730.80	711	687.60	652.50	502.20	432
2. Per Non Psychologist (does not include clerical employees)	608	532	519	505	485	463	357	307
3. Per Independent Contractor	45	39	38	37	34	34	26	23
4. Per Additional Insured	113	99	96	94	90	86	66	57

Rate Table 5 - 5th Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	954.90	836.10	814.50	792.90	765.90	727.20	559.80	481.50
2. Per Non Psychologist (does not include clerical employees)	678	593	578	562	540	516	397	342
3. Per Independent Contractor	50	44	43	41	38	38	29	25
4. Per Additional Insured	126	110	108	105	100	96	74	64

Rate Table 6 - 6th Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	1030.50	902.70	879.30	855	826.20	784.80	603.90	519.30
2. Per Non Psychologist (does not include clerical employees)	731	641	624	607	583	557	429	369
3. Per Independent Contractor	54	47	46	45	41	41	32	27
4. Per Additional Insured	135	118	115	112	108	103	79	68

RATES CONTINUED

Rate Table 7 – 7th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	1087.20	952.20	927	902.70	872.10	828	637.20	548.10
2. Per Non Psychologist (does not include clerical employees)	772	676	659	641	615	588	453	389
3. Per Independent Contractor	58	51	49	48	44	44	34	29
4. Per Additional Insured	143	125	122	119	114	109	84	72
Rate Table 8 – 8th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	1132.20	991.80	965.70	939.60	905.40	862.20	664.20	570.60
2. Per Non Psychologist (does not include clerical employees)	804	704	685	667	638	612	471	405
3. Per Independent Contractor	59	52	50	49	45	45	35	30
4. Per Additional Insured	148	130	127	123	119	113	87	75

PSYCHOLOGISTS CLAIMS-MADE RATES
STATE OF
Illinois

**Renewal Business - addition of Owner/Partner/Director/Shareholder without Claims in the
Last Six Months and with Prior Insurance**

Rate Table 1 - 1st Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist								
A. New owner/partner/director/ shareholder	192.60	177.30	172.80	167.40	153.90	135.00	118.80	97.20
B. Current Owner/All Employees	214	197	192	186	171	150	132	108
2. Per Non Psychologist (does not include clerical employees)	141	130	127	123	113	99	87	71
3. Per Independent Contractor	10	9	9	9	8	7	6	5
4. Per Additional Insured	26	24	24	23	21	18	16	13

Rate Table 2 - 2nd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist								
A. New owner/partner/director/ shareholder	435.60	401.40	390.60	378.90	348.30	305.10	269.10	219.60
B. Current Owner/All Employees	484	446	434	421	387	339	299	244
2. Per Non Psychologist (does not include clerical employees)	319	294	287	278	256	224	197	161
3. Per Independent Contractor	23	20	20	20	18	16	14	11
4. Per Additional Insured	59	54	54	52	48	41	36	29

Rate Table 3 - 3rd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist								
A. New owner/partner/director/ shareholder	658.80	606.60	591.30	572.40	526.50	461.70	406.80	333.00
B. Current Owner/All Employees	732	674	657	636	585	513	452	370
2. Per Non Psychologist (does not include clerical employees)	483	445	435	421	387	339	298	243
3. Per Independent Contractor	34	31	31	31	27	24	21	17
4. Per Additional Insured	89	82	82	79	72	62	55	44

CMRTIL3
8/01/99

CHICAGO INSURANCE COMPANY

AUG 1 - 1999

RATES CONTINUED**Rate Table 4 - 4th Year Annual Premium**

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist								
A. New owner/partner/director/ shareholder	786.60	723.60	705.60	683.10	628.20	550.80	485.10	396.90
B. Current Owner/All Employees	874	804	784	759	698	612	539	441
2. Per Non Psychologist (does not include clerical employees)	576	531	519	502	461	404	355	290
3. Per Independent Contractor	41	37	37	37	33	29	24	20
4. Per Additional Insured	106	98	98	94	86	73	65	53

Rate Table 5 - 5th Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist								
A. New owner/partner/director/ shareholder	837.00	770.40	750.60	727.20	668.70	586.80	516.60	422.10
B. Current Owner/All Employees	930	856	834	808	743	652	574	469
2. Per Non Psychologist (does not include clerical employees)	613	565	552	535	491	430	378	309
3. Per Independent Contractor	43	39	39	39	35	30	26	22
4. Per Additional Insured	113	104	104	100	91	78	70	56

Rate Table 6 - 6th Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist								
A. New owner/partner/director/ shareholder	870.30	801.90	781.20	756.90	695.70	610.20	537.30	439.20
B. Current Owner/All Employees	967	891	868	841	773	678	597	488
2. Per Non Psychologist (does not include clerical employees)	637	588	574	556	511	448	393	321
3. Per Independent Contractor	45	41	41	41	36	32	27	23
4. Per Additional Insured	118	109	109	104	95	81	72	59

RATES CONTINUED

Rate Table 7 – 7th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist								
A. New owner/partner/director/ shareholder	889.20	819.00	798.30	773.10	771.00	623.70	549.00	449.10
B. Current Owner/All Employees	988	910	887	859	790	693	610	499
2. Per Non Psychologist (does not include clerical employees)	651	600	587	568	522	457	402	328
3. Per Independent Contractor	46	42	42	42	37	32	28	23
4. Per Additional Insured	120	111	111	106	97	83	74	60

CMRTIL3
8/01/99

CHICAGO INSURANCE COMPANY

AUG 1 1999

PSYCHOLOGISTS CLAIMS-MADE PROFESSIONAL LIABILITY RATES
American Psychological Association

STATE OF ILLINOIS
New Business Policy without Claims in the Last Six Months and with Prior Insurance
STEP 1

CATEGORY	RATES PER PERSON							
	200/200	500/500	1M/1M	1M/3M	1M/4M	1M/5M	1M/6M	2M/4M
Psychologist (Owner or Employee)	117.90	136.80	178.20	186.30	193.50	198.90	204.30	234.00
Non-Psychologist (Owner or Employee - MD does not apply)	83	97	126	132	136	140	144	166
Independent Contractor	6	8	10	10	11	12	12	13
Additional Insured	18	21	24	24	26	27	28	31

STEP 2

CATEGORY								
	200/200	500/500	1M/1M	1M/3M	1M/4M	1M/5M	1M/6M	2M/4M
Psychologist (Owner or Employee)	257.40	298.80	389.70	407.70	423.00	434.70	446.40	511.20
Non-Psychologist (Owner or Employee - MD does not apply)	181	212	275	289	297	306	315	363
Independent Contractor	13	17	22	22	24	26	26	28
Additional Insured	39	46	52	52	57	59	61	68

STEP 3

CATEGORY								
	200/200	500/500	1M/1M	1M/3M	1M/4M	1M/5M	1M/6M	2M/4M
Psychologist (Owner or Employee)	380.70	441.90	576.00	602.10	625.50	642.60	660.60	756.00
Non-Psychologist (Owner or Employee - MD does not apply)	268	314	407	427	440	452	465	537
Independent Contractor	19	26	32	32	36	39	39	42
Additional Insured	58	68	78	78	84	87	90	100

MAR 28 1996

PSYCHOLOGISTS CLAIMS-MADE PROFESSIONAL LIABILITY RATES
Amercian Psychological Association

STATE OF ILLINOIS
New Business Policy without Claims in the Last Six Months and with Prior Insurance
STEP 4

<u>CATEGORY</u>	<u>200/200</u>	<u>500/500</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>1M/4M</u>	<u>1M/5M</u>	<u>1M/6M</u>	<u>2M/4M</u>
Psychologist (Owner or Employee)	477.00	552.60	720.00	753.30	782.10	803.70	826.20	1040.49
Non-Psychologist (Owner or Employee - MD does not apply)	335	392	509	534	550	566	582	671
Independent Contractor	24	32	40	40	44	49	49	53
Additional Insured	73	85	97	97	105	109	113	125

STEP 5

<u>CATEGORY</u>	<u>200/200</u>	<u>500/500</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>1M/4M</u>	<u>1M/5M</u>	<u>1M/6M</u>	<u>2M/4M</u>
Psychologist (Owner or Employee)	530.10	614.70	801.00	837.00	869.40	893.70	1009.80	1156.32
Non-Psychologist (Owner or Employee - MD does not apply)	373	436	566	593	611	629	647	746
Independent Contractor	27	36	45	45	49	54	54	56
Additional Insured	81	94	108	108	117	121	126	139

STEP 6

<u>CATEGORY</u>	<u>200/200</u>	<u>500/500</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>1M/4M</u>	<u>1M/5M</u>	<u>1M/6M</u>	<u>2M/4M</u>
Psychologist (Owner or Employee)	571.50	662.40	863.10	992.97	1031.58	1060.29	1089.00	1247.40
Non-Psychologist (Owner or Employee - MD does not apply)	402	470	610	640	659	678	698	804
Independent Contractor	29	39	48	48	53	58	58	63
Additional Insured	87	102	116	116	126	131	136	150

PSYCHOLOGISTS CLAIMS-MADE PROFESSIONAL LIABILITY RATES
American Psychological Association

STATE OF ILL. NOIS

Renewal Business - Addition of Owner/Partner/Director/Shareholder without Claims in Last Six Months and with Prior Insurance
STEP 1

CATEGORY	RATES PER PERSON							
	200/200	500/500	1M/1M	1M/3M	1M/4M	1M/5M	1M/6M	2M/4M
Psychologist								
New Owner/Partner/Director/Shareholder	117.90	136.80	178.20	186.30	193.50	198.90	204.30	234.00
Current Owner/All Employees	131	152	198	207	215	221	227	260
Non-Psychologist (Owner or Employee - MD does not apply)	83	97	126	132	136	140	144	166
Independent Contractor	6	8	10	10	11	12	12	13
Additional Insured	18	21	24	24	26	27	28	31

STEP 2

CATEGORY	RATES PER PERSON							
	200/200	500/500	1M/1M	1M/3M	1M/4M	1M/5M	1M/6M	2M/4M
Psychologist								
New Owner or Employee	257.40	298.80	389.70	407.70	423.00	434.70	446.40	511.20
Current Owner/All Employees	286	332	433	453	470	483	496	568
Non-Psychologist (Owner or Employee - MD does not apply)	181	212	275	289	297	306	315	363
Independent Contractor	13	17	22	22	24	26	26	28
Additional Insured	39	46	52	52	57	59	61	68

STEP 3

CATEGORY	RATES PER PERSON							
	200/200	500/500	1M/1M	1M/3M	1M/4M	1M/5M	1M/6M	2M/4M
Psychologist								
New Owner/Partner/Director/Shareholder	380.70	441.90	576.00	602.10	625.50	642.60	660.60	756.00
Current Owner/All Employees	423	491	640	669	695	714	734	840
Non-Psychologist (Owner or Employee - MD does not apply)	268	314	407	427	440	452	465	537
Independent Contractor	19	26	32	32	36	39	39	42
Additional Insured	58	68	78	78	84	87	90	100

PSYCHOLOGISTS CLAIMS-MADE PROFESSIONAL LIABILITY RATES
American Psychological Association

STATE OF ILLINOIS

Renewal Business - Addition of Owner/Partner/Director/Shareholder without Claims in Last Six Months and with Prior Insurance
STEP 4

<u>CATEGORY</u>	<u>200/200</u>	<u>500/500</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>1M/4M</u>	<u>1M/5M</u>	<u>1M/6M</u>	<u>2M/4M</u>
Psychologist								
New Owner/Partner/Director/Shareholder	477.00	552.60	720.00	753.30	782.10	803.70	826.20	1040.49
Current Owner/All Employees	530	614	800	837	869	893	918	1,051
Non-Psychologist (Owner or Employee - MD does not apply)	335	392	509	534	550	566	582	671
Independent Contractor	24	32	40	40	44	49	49	53
Additional Insured	73	85	97	97	105	109	113	125

STEP 5

<u>CATEGORY</u>	<u>200/200</u>	<u>500/500</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>1M/4M</u>	<u>1M/5M</u>	<u>1M/6M</u>	<u>2M/4M</u>
Psychologist								
New Owner/Partner/Director/Shareholder	530.10	614.70	801.00	837.00	869.40	893.70	1009.80	1156.32
Current Owner/All Employees	589	683	890	930	966	993	1,020	1,168
Non-Psychologist (Owner or Employee - MD does not apply)	373	436	566	593	611	629	647	746
Independent Contractor	27	36	45	45	49	54	54	56
Additional Insured	81	94	108	108	117	121	126	139

STEP 6

<u>CATEGORY</u>	<u>200/200</u>	<u>500/500</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>1M/4M</u>	<u>1M/5M</u>	<u>1M/6M</u>	<u>2M/4M</u>
Psychologist								
New Owner/Partner/Director/Shareholder	571.50	662.40	863.10	992.97	1031.58	1060.29	1089.00	1247.40
Current Owner/All Employees	635	736	959	1,003	1,042	1,071	1,100	1,260
Non-Psychologist (Owner or Employee - MD does not apply)	402	470	610	640	659	678	698	804
Independent Contractor	29	39	48	48	53	58	58	63
Additional Insured	87	102	116	116	126	131	136	150

MAR 2 8 1993

PSYCHOLOGISTS CLAIMS-MADE PROFESSIONAL LIABILITY RATES
PSYCHOLOGIST PURCHASING GROUP ASSOCIATION

STATE OF ILLINOIS - ALL OTHER

STEP 1

<u>CATEGORY</u>	<u>RATES PER PERSON</u>							
	<u>200/200</u>	<u>500/500</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>1M/4M</u>	<u>1M/5M</u>	<u>1M/6M</u>	<u>2M/4M</u>
Psychologist (Owner or Employee)	131	152	198	207	215	221	227	260
Non-Psychologist (Owner or Employee - MD does not apply)	83	97	126	132	136	140	144	166
Independent Contractor	6	8	10	10	11	12	12	13
Additional Insured	18	21	24	24	26	27	28	31

STEP 2

<u>CATEGORY</u>	<u>200/200</u>	<u>500/500</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>1M/4M</u>	<u>1M/5M</u>	<u>1M/6M</u>	<u>2M/4M</u>
Psychologist (Owner or Employee)	286	332	433	453	470	483	496	568
Non-Psychologist (Owner or Employee - MD does not apply)	181	212	275	289	297	306	315	363
Independent Contractor	13	17	22	22	24	26	26	28
Additional Insured	39	46	52	52	57	59	61	68

STEP 3

<u>CATEGORY</u>	<u>200/200</u>	<u>500/500</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>1M/4M</u>	<u>1M/5M</u>	<u>1M/6M</u>	<u>2M/4M</u>
Psychologist (Owner or Employee)	423	491	640	669	695	714	734	840
Non-Psychologist (Owner or Employee - MD does not apply)	268	314	407	427	440	452	465	537
Independent Contractor	19	26	32	32	36	39	39	42
Additional Insured	58	68	78	78	84	87	90	100

PSYCHOLOGISTS CLAIMS-MADE PROFESSIONAL LIABILITY RATES
PSYCHOLOGIST PURCHASING GROUP ASSOCIATION

STATE OF ILLINOIS - ALL OTHER

STEP 4

<u>CATEGORY</u>	<u>200/200</u>	<u>500/500</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>1M/4M</u>	<u>1M/5M</u>	<u>1M/6M</u>	<u>2M/4M</u>
Psychologist (Owner or Employee)	530	614	800	837	869	893	918	1,051
Non-Psychologist (Owner or Employee - MD does not apply)	335	392	509	534	550	566	582	671
Independent Contractor	24	32	40	40	44	49	49	53
Additional Insured	73	85	97	97	105	109	113	125

STEP 5

<u>CATEGORY</u>	<u>200/200</u>	<u>500/500</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>1M/4M</u>	<u>1M/5M</u>	<u>1M/6M</u>	<u>2M/4M</u>
Psychologist (Owner or Employee)	589	683	890	930	966	993	1,020	1,168
Non-Psychologist (Owner or Employee - MD does not apply)	373	436	566	593	611	629	647	746
Independent Contractor	27	36	45	45	49	54	54	56
Additional Insured	81	94	108	108	117	121	126	139

STEP 6

<u>CATEGORY</u>	<u>200/200</u>	<u>500/500</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>1M/4M</u>	<u>1M/5M</u>	<u>1M/6M</u>	<u>2M/4M</u>
Psychologist (Owner or Employee)	635	736	959	1,003	1,042	1,071	1,100	1,260
Non-Psychologist (Owner or Employee - MD does not apply)	402	470	610	640	659	678	698	804
Independent Contractor	29	39	48	48	53	58	58	63
Additional Insured	87	102	116	116	126	131	136	150

**CHICAGO INSURANCE COMPANY
RESEARCH /ACADEMIC PSYCHOLOGISTS**

CLAIMS-MADE RATES

INDIVIDUALS ONLY

BASIC COVERAGE RATES

<u>100/300</u>	<u>200/600</u>	<u>1M/1M</u>	<u>1M/3M</u>
\$70	\$80	\$103	\$134

***EXTENDED SERVICES COVERAGE OPTION**

<u>100/300</u>	<u>200/600</u>	<u>1M/1M</u>	<u>1M/3M</u>
\$140	\$160	\$206	\$268

***The Extended Services Coverage Option will provide Research/Academic Psychologists with a coverage extension for psychological services performed as part of their responsibilities required by the respective academic institution.**

PLEASE NOTE THESE RATES ARE THE SAME AS THOSE FILED 10/1/95

MINIMUM ATTACHMENT POINT

Comprehensive General Liability Form

(Old Occurrence Form)

\$1,000,000. Combined Single Limit

Commercial General Liability Form

(New Occurrence Form)

\$1,000,000. Each Occurrence

\$2,000,000. General Aggregate *

\$1,000,000. Products/Completed Operations General Aggregate

\$1,000,000. Personal Injury/Advertising Liability

* Residential risks with four or more locations will require a per location aggregate of \$2,000,000.

Professional Liability \$1,000,000./\$1,000,000.

Policies With Basket Aggregate \$1,000,000./\$2,000,000.

Automobile Liability \$1,000,000. CSL

Employers Liability \$100,000./\$500,000./\$100,000.

CHICAGO INSURANCE COMPANY

RAY 1993

CHICAGO INSURANCE COMPANY
PSYCHOLOGIST PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
OCCURRENCE PSYCHOLOGISTS PLAN

1. The rates shown on the Rate Pages for the Psychologist Plan apply per individual person insured under the policy.
2. The following Increase Limit Factors will be applied for increases in limits from the 1,000,000/1,000,000 limits.

<u>Limits</u>	<u>Relativity Factor</u>
1,000,000/4,000,000	1.165
1,000,000/5,000,000	1.200
1,000,000/6,000,000	1.230

The following Increase Limit Factor will be applied for increases to the \$2,000,000/\$4,000,000 limit from \$1,000,000/\$3,000,000:

<u>Relativity Factor</u>
1.170

3. Size of Firm Credit
A credit will be applied to the total group premium for the ratable headcount as follows:

<u>Group Size</u>	<u>Premium Credit</u>
3 - 5	4%
6 - 10	6%
11 - 15	8%
16 - 19	10%
20 and above	15%

*Group Size means total number of ratable headcount (owners and employees) and does not include independent contractors or additional insureds.

4. Claims Experience Modification Factor
A debit or credit of up to 25% will be applied to the Professional Liability Premium based on the individual loss experience of the submission. The criteria used in determining the applicable modification factor is as follows:

- | | |
|-----------------------|--|
| 1. number of claims | 4. number of employees/exposure units as a |
| 2. severity of claims | function of the number of professionally |
| 3. type of claims | insured during the year. |

5. Loss Prevention/Risk Management Credit

A 5% risk management premium credit will apply for attendance at an American Psychological Association-approved seminar for continuing education, of at least 4 hours in length, for an individual policyholder. A 15% risk management premium credit will apply for completion of continuing education seminars directed and presented specifically by the APAIT (American Psychological Association Insurance Trust). The 15% credit will apply for 2 annual consecutive policy periods. For a group policy, 50% of the insureds within the group must have attended a seminar for the applicable 5% or 15% credit to apply. The total risk management credit may not exceed 15% in any one policy period. The credit will be a one-time basis (one seminar-one 5% or 15%). The credit is available up to a 15-month period following the attendance date.

6. Additional Insured

One additional insured premium applies to each entity for which additional insured status is requested. In the event a landlord is named as an additional insured under the premises liability, the standard rate for an additional insured will be waived.

7. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less will be dropped.

\$.50 or more will be rounded to the next whole dollar.

8. New Business Discount

A credit of 10% will apply to an individual rate for a psychologist owner, partner and/or officer who is currently insured with another carrier and has had no losses reported over the past six (6) months.

9. New Graduate Rate

The rate for a New Graduate Psychologist is 75% of the applicable Psychologist rate.

10. Part-Time Rate

The rate for a part-time professional (20 hours or less per week) is 65% of the full-time rates.

11. If a network is written, the applicable rates and rating rules herein will apply to the providers/contracting parties working on behalf of the network.

12. A charge will apply to all groups, partnerships or corporations if not all of the owners, partners, or officers are insured under the entity's policy or insured at all. The charge will be 10% of the premium that would apply as a CIC insured for those individuals not insured under the entity's policy or not insured at all.

AUG 1 - 1997

13. An option is offered to purchase a limit of \$25,000 for reimbursement of costs incurred defending licensing board complaints at an additional charge of \$35, or a limit of \$50,000 at an additional charge of \$45.
14. If a 2 year student policy is purchased, the rate is 194 percent of annual rates.
15. If a 3 year student policy is purchased, the rate is 280 percent of the annual rates.
16. A 5% credit will be applied to the premium if the insured has also purchased a Business Owners Liability Policy.

CHICAGO INSURANCE COMPANY
PSYCHOLOGIST PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
STATE OF ILLINOIS
OCCURRENCE PSYCHOLOGISTS PLAN

1. The rates shown on the rate pages apply per individual person insured under the policy. The base rates are shown on the rate pages entitled "All Other". The two other sets of rates incorporate the modifications that were agreed upon between CIC and the Department in our October 17, 1995 submission.
2. The following Increase Limit Factors will be applied for increases in limits from the 1,000,000/1,000,000 limits.

<u>Limits</u>	<u>Relativity Factor</u>
1,000,000/4,000,000	1.165
1,000,000/5,000,000	1.200
1,000,000/6,000,000	1.230

The following Increase Limit Factor will be applied for increases to the \$2,000,000/\$4,000,000 limit from \$1,000,000/\$3,000,000:

<u>Relativity Factor</u>
1.170

3. Size of Firm Credit

A credit will be applied to the total group premium for the ratable headcount as follows:

<u>Group Size</u>	<u>Premium Credit</u>
3 - 5	4%
6 - 10	6%
11 - 15	8%
16 - 19	10%
20 and above	15%

*Group Size means total number of ratable headcount (owners and employees) and does not include independent contractors or additional insureds.

4. Loss Prevention/Risk Management Credit

A 5% risk management premium credit will apply for attendance at an American Psychological Association-approved seminar for continuing education, of at least 4 hours in length, for an individual policyholder. A 15% risk management premium credit will apply for completion of continuing education seminars directed and presented specifically by the APAIT (American Psychological Association Insurance Trust). The 15% credit will apply for 2 annual consecutive policy periods. For a group policy, 50% of the insureds within the

group must have attended a seminar for the applicable 5% or 15% credit to apply. The total risk management credit may not exceed 15% in any one policy period. The credit will be a one-time basis (one seminar-one 5% or 15%). The credit is available up to a 15-month period following the attendance date.

5. Additional Insured

One additional insured premium applies to each entity for which additional insured status is requested. In the event a landlord is named as an additional insured under the premises liability, the standard rate for an additional insured will be waived.

6. Rounding Rule

Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less will be dropped.

\$.50 or more will be rounded to the next whole dollar.

7. New Graduate Rate

The rate for a New Graduate Psychologist working under supervision is:

65% of the applicable Psychologist rate for the 1st year

75% of the applicable Psychologist rate for the 2nd year

85% of the applicable Psychologist rate for the 3rd year

8. Part-Time Rate

The rate for a part-time professional (20 hours or less per week) is 65% of the full-time rates.

9. If a network is written, the applicable rates and rating rules herein will apply to the providers/contracting parties working on behalf of the network.

10. A charge will apply to all groups, partnerships or corporations if not all of the owners, partners, or officers are insured under the entity's policy or insured at all. The charge will be 10% of the premium that would apply as a CIC insured for those individuals not insured under the entity's policy or not insured at all.

11. An option is offered to purchase a limit of \$25,000 for reimbursement of costs incurred defending licensing board complaints at an additional charge of \$35, or a limit of \$50,000 at an additional charge of \$45.

12. If a 2 year student policy is purchased, the rate is 194 percent of annual rates.

13. If a 3 year student policy is purchased, the rate is 280 percent of the annual rates.

14. A 5% credit will be applied to the premium if the insured has also purchased a Business Owners Liability Policy.

15. An option is included to purchase an endorsement that offers a limit of \$15,000 per claim/\$15,000 aggregate for Employment Practices Liability at an additional charge of \$15 per employee. This option is available only if the insured organization is comprised of less than 15 Owners/Directors/Principals and employees.

CHICAGO INSURANCE COMPANY
PSYCHOLOGIST PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
RESEARCH/ACADEMIC PSYCHOLOGIST PLAN

1. The rates shown on the Rate Pages for this plan apply per individual person insured under the policy.
2. **Loss Prevention/Risk Management Credit**
A 5% risk management premium credit will apply for attendance at an American Psychological Association-approved seminar for continuing education, of at least 4 hours in length, for an individual policyholder. A 15% risk management premium credit will apply for completion of continuing education seminars directed and presented specifically by the APAIT (American Psychological Association Insurance Trust). The 15% credit will apply for 2 annual consecutive policy periods. For a group policy, 50% of the insureds within the group must have attended a seminar for the applicable 5% or 15% credit to apply. The total risk management credit may not exceed 15% in any one policy period. The credit will be a one-time basis (one seminar-one 5% or 15%). The credit is available up to a 15-month period following the attendance date.
3. **Claims Experience Modification Factor**
A debit or credit of up to 25% will be applied to the Professional Liability Premium based on the individual loss experience of the submission. The criteria used in determining the applicable modification factor is as follows:

1. number of claims	4. number of employees/exposure units as a
2. severity of claims	function of the number of professionally
3. type of claims	insured during the year.
4. **Rounding Rule**
Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less will be dropped.
\$.50 or more will be rounded to the next whole dollar.
5. The Number of years that an insured served as a volunteer Board member for the American Psychological Association or any of the state psychological associations, as well as any of their kindred organizations, may be used towards credit in fulfilling the requirement of 5 years of continuous claims-made coverage with Chicago Insurance Company for a free ERP upon retirement (as described in the policy).

6. Extended Reporting Period Option

Charge for ERP:

- a. 90 % of the full annual premium for this policy, to a period of 12 months, or
- b. 135% of the full annual premium for this policy, to a period of 24 months, or
- c. 150% of the full annual premium for this policy, to a period of 36 months, or
- d. 175% of the full annual premium for this policy, to an unlimited period.

7. New Business Discount

A credit of 10% will apply to an individual rate for a psychologist owner, partner and/or officer who is currently insured with another carrier and has had no losses reported over the past six (6) months.

8. Part-Time Rate

The rate for a part-time professional (20 Hours or less per week) is 65% of the full-time rates shown on the rate sheets.

9. An option is offered to purchase a limit of \$25,000 for reimbursement of costs incurred defending licensing board complaints at an additional charge of \$35, or a limit of \$50,000 for an additional charge of \$45.

10. A 5% credit will be applied to the premium if the insured has also purchased a Business Owners Liability Policy.

AUG 1 1997

CHICAGO INSURANCE COMPANY
PSYCHOLOGIST PURCHASING GROUP ASSOCIATION
RATING GUIDELINES
STATE OF ILLINOIS
RESEARCH/ACADEMIC PSYCHOLOGIST PLAN

1. The rates shown on the Rate Pages for this plan apply per individual person insured under the policy.
2. **Loss Prevention/Risk Management Credit**
A 5% risk management premium credit will apply for attendance at an American Psychological Association-approved seminar for continuing education, of at least 4 hours in length, for an individual policyholder. A 15% risk management premium credit will apply for completion of continuing education seminars directed and presented specifically by the APAIT (American Psychological Association Insurance Trust). The 15% credit will apply for 2 annual consecutive policy periods. For a group policy, 50% of the insureds within the group must have attended a seminar for the applicable 5% or 15% credit to apply. The total risk management credit may not exceed 15% in any one policy period. The credit will be a one-time basis (one seminar-one 5% or 15%). The credit is available up to a 15-month period following the attendance date.
3. **Rounding Rule**
Premium rounding will be done at each step of the computation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less will be dropped.
\$.50 or more will be rounded to the next whole dollar.
4. The Number of years that an insured served as a volunteer Board member for the American Psychological Association or any of the state psychological associations, as well as any of their kindred organizations, may be used towards credit in fulfilling the requirement of 5 years of continuous claims-made coverage with Chicago Insurance Company for a free ERP upon retirement (as described in the policy).
5. **Extended Reporting Period Option**
Charge for ERP:
 - a. 90 % of the full annual premium for this policy, to a period of 12 months, or
 - b. 135% of the full annual premium for this policy, to a period of 24 months, or
 - c. 150% of the full annual premium for this policy, to a period of 36 months, or
 - d. 175% of the full annual premium for this policy, to an unlimited period.

6. Part-Time Rate

The rate for a part-time professional (20 Hours or less per week) is 65% of the full-time rates shown on the rate sheets.

7. An option is offered to purchase a limit of \$25,000 for reimbursement of costs incurred defending licensing board complaints at an additional charge of \$35, or a limit of \$50,000 for an additional charge of \$45.

8. A 5% credit will be applied to the premium if the insured has also purchased a Business Owners Liability Policy.

October, 1996

CHICAGO INSURANCE COMPANY

PSYCHOLOGISTS OCCURRENCE PROFESSIONAL LIABILITY RATES

STATE OF ILLINOIS

New Business Policy without Claims in the Last Six Months and with Prior Insurance

<u>CATEGORY</u>	<u>RATES PER PERSON</u>			
	<u>200 CSL</u>	<u>500 CSL</u>	<u>1MCSL</u>	<u>1M/3M</u>
1. Psychologist (Owner or Employee)	758.70	881.10	1143.90	1286.10
2. Non-Psychologist (Owner or Employee- M.D. does not apply)	365	425	552	622
3. Independent Contractors	29	34	44	49
4. Additional Insureds	80	93	107	114

PSYCHOLOGISTS OCCURRENCE GENERAL LIABILITY AND NON-OWNED AUTO LIABILITY RATES

<u>CATEGORY</u>	<u>RATES PER PERSON</u>			
	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
GENERAL LIABILITY				
First Location	89	105	118	120
Each Additional Location	36	42	47	48
NON-OWNED AUTO LIABILITY				
1-10 Employees	62	72	83	83
Each Employee over 10	6	7	8	8

October, 1996

CHICAGO INSURANCE COMPANY

PSYCHOLOGISTS OCCURRENCE PROFESSIONAL LIABILITY RATES

STATE OF ILLINOIS

**Renewal Business - Addition of Owner/Partner/Director/Shareholder without Claims in
Last Six Months and with Prior Insurance**

<u>CATEGORY</u>	<u>200 CSL</u>	<u>RATES PER PERSON</u>		
		<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
1. Psychologist				
New Owner/Partner/Director/ Shareholder	758.70	881.10	1143.90	1286.10
Current Owner/All Employees	843	979	1271	1429
2. Non-Psychologist	365	425	552	622
(Owner or Employee- M.D. does not apply)				
3. Independent Contractors	29	34	44	49
4. Additional Insureds	80	93	107	114

PSYCHOLOGISTS OCCURRENCE GENERAL LIABILITY AND NON-OWNED AUTO LIABILITY RATES

<u>CATEGORY</u>	<u>200 CSL</u>	<u>RATES PER PERSON</u>		
		<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
GENERAL LIABILITY				
First Location	89	105	118	120
Each Additional Location	36	42	47	48
NON-OWNED AUTO LIABILITY				
1-10 Employees	62	72	83	83
Each Employee over 10	6	7	8	8

August, 1997

CHICAGO INSURANCE COMPANY

PSYCHOLOGISTS OCCURRENCE PROFESSIONAL LIABILITY RATES

STATE OF ILLINOIS

New Business Policy without Claims in the Last Six Months and with Prior Insurance

<u>CATEGORY</u>		<u>RATES PER PERSON</u>			
		<u>200 CSL</u>	<u>500 CSL</u>	<u>1MCSL</u>	<u>1M/3M</u>
1.	Psychologist (Owner or Employee)	758.70	881.10	1143.90	1286.10
2.	Non-Psychologist (Owner or Employee- M.D. does not apply)	365	425	552	622
3.	Independent Contractors	29	34	44	49
4.	Additional Insureds	80	93	107	114

**PSYCHOLOGISTS OCCURRENCE GENERAL LIABILITY AND
NON-OWNED AUTO LIABILITY RATES**

<u>CATEGORY</u>		<u>RATES PER PERSON</u>			
		<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
GENERAL LIABILITY					
First Location		89	105	118	120
Each Additional Location		36	42	47	48
NON-OWNED AUTO LIABILITY					
1-10 Employees		62	72	83	83
Each Employee over 10		6	7	8	8

August, 1997

CHICAGO INSURANCE COMPANY

PSYCHOLOGISTS OCCURRENCE PROFESSIONAL LIABILITY RATES

STATE OF ILLINOIS

Renewal Business - Addition of Owner/Partner/Director/Shareholder without Claims in Last Six Months and with Prior Insurance

<u>CATEGORY</u>	<u>200 CSL</u>	<u>RATES PER PERSON</u>		
		<u>500 CSL</u>	<u>1MCSL</u>	<u>1M/3M</u>
1. Psychologist				
New Owner/Partner/Director/Shareholder	758.70	881.10	1143.90	1286.10
Current Owner/All Employees	843	979	1271	1429
2. Non-Psychologist (Owner or Employee-M.D. does not apply)	365	425	552	622
3. Independent Contractors	29	34	44	49
4. Additional Insureds	80	93	107	114

PSYCHOLOGISTS OCCURRENCE GENERAL LIABILITY AND NON-OWNED AUTO LIABILITY RATES

<u>CATEGORY</u>	<u>200 CSL</u>	<u>RATES PER PERSON</u>		
		<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
GENERAL LIABILITY				
First Location	89	105	118	120
Each Additional Location	36	42	47	48
NON-OWNED AUTO LIABILITY				
1-10 Employees	62	72	83	83
Each Employee over 10	6	7	8	8

Occertil3

AUG 1 - 1997

August, 1997

CHICAGO INSURANCE COMPANY

PSYCHOLOGISTS OCCURRENCE PROFESSIONAL LIABILITY RATES

STATE OF ILLINOIS - ALL OTHER

<u>CATEGORY</u>	<u>RATES PER PERSON</u>			
	<u>200 CSL</u>	<u>500 CSL</u>	<u>1MCSL</u>	<u>1M/3M</u>
1. Psychologist (Owner or Employee)	843	979	1271	1429
2. Non-Psychologist (Owner or Employee- M.D. does not apply)	365	425	552	622
3. Independent Contractors	29	34	44	49
4. Additional Insureds	80	93	107	114

PSYCHOLOGISTS OCCURRENCE GENERAL LIABILITY AND NON-OWNED AUTO LIABILITY RATES

<u>CATEGORY</u>	<u>RATES PER PERSON</u>			
	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
GENERAL LIABILITY				
First Location	89	105	118	120
Each Additional Location	36	42	47	48
NON-OWNED AUTO LIABILITY				
1-10 Employees	62	72	83	83
Each Employee over 10	6	7	8	8

October, 1996

CHICAGO INSURANCE COMPANY

INDIVIDUAL STUDENT PSYCHOLOGIST OCCURRENCE RATES

200/200

500/500

1M/1M

1M/3M

17

19

23

35

Studrt

0077 1 1 0000

October, 1996

CHICAGO INSURANCE COMPANY

PSYCHOLOGISTS OCCURRENCE PROFESSIONAL LIABILITY RATES

STATE OF ILLINOIS - ALL OTHER

CATEGORY		RATES PER PERSON			
		<u>200 CSL</u>	<u>500 CSL</u>	<u>1MCSL</u>	<u>1M/3M</u>
1.	Psychologist (Owner or Employee)	843	979	1271	1429
2.	Non-Psychologist (Owner or Employee- M.D. does not apply)	365	425	552	622
3.	Independent Contractors	29	34	44	49
4.	Additional Insureds	80	93	107	114

PSYCHOLOGISTS OCCURRENCE GENERAL LIABILITY AND NON-OWNED AUTO LIABILITY RATES

<u>CATEGORY</u>	<u>RATES PER PERSON</u>			
	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
GENERAL LIABILITY				
First Location	89	105	118	120
Each Additional Location	36	42	47	48
NON-OWNED AUTO LIABILITY				
1-10 Employees	62	72	83	83
Each Employee over 10	6	7	8	8

Occertil

SECRET

PSYCHOLOGISTS OCCURRENCE RATES
STATE OF
Illinois
ALL OTHER

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	1421	1329	1296	1259	1215	1080	832	717
2. Per Non Psychologist (does not include clerical employees)	619	577	563	547	529	469	361	310
3. Per Independent Contractor	49	46	45	44	42	37	29	25
4. Per Additional Insured	113	112	109	106	97	91	79	68
G/L								
1 st	132	123	120	117	102	100	89	76
EACH ADD	52	49	48	47	41	40	36	31
NON AUTO								
1-10 EMP	93	87	85	82	71	71	61	53
EACH OVER 10	9	8	8	8	7	7	6	5

**PSYCHOLOGISTS OCCURRENCE RATES
STATE OF
Illinois**

New Business Policy without Claims in the Last Six Months and with Prior Insurance

Rate Table 1 - 1st Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	1278.90	1196.10	1166.40	1133.10	1093.50	972.00	748.80	645.30
2. Per Non Psychologist (does not include clerical employees)	619	577	563	547	529	469	361	310
3. Per Independent Contractor	49	46	45	44	42	37	29	25
4. Per Additional Insured	113	112	109	106	97	91	79	68
G/L								
1 ST	132	123	120	117	102	100	89	76
EACH ADD	52	49	48	47	41	40	36	31
NON AUTO								
1-10 EMP	93	87	85	82	71	71	61	53
EA OVER 10	9	8	8	8	7	7	6	5

PSYCHOLOGISTS OCCURRENCE RATES
STATE OF
Illinois

Renewal Business - addition of Owner/Partner/Director/Shareholder without Claims in the Last Six Months and with Prior Insurance

Rate Table 1 - 1st Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist								
A. New owner/partner/director/ shareholder	1278.90	1196.10	1166.40	1133.10	1093.50	972.00	748.80	645.30
B. Current Owner/All Employees	1421	1329	1296	1259	1215	1080	832	717
2. Per Non Psychologist (does not include clerical employees)	619	577	563	547	529	469	361	310
3. Per Independent Contractor	49	46	45	44	42	37	29	25
4. Per Additional Insured	113	112	109	106	97	91	79	68
 G/L 1 ST	132	123	120	117	102	100	89	76
EACH ADD	52	49	48	47	41	40	36	31
 NON AUTO								
1-10 EMP	93	87	85	82	71	71	61	53
EACH OVER 10	9	8	8	8	7	7	6	5

**PSYCHOLOGISTS CLAIMS-MADE RATES
STATE OF ILLINOIS**

New Business Policy without Claims in the Last Six Months and with Prior Insurance

Rate Table 1 - 1st Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist (owner or employee)	234	204.30	198.90	193.50	186.30	178.20	136.80	117.90
2. Non Psychologist (Owner or Employee - MD does not apply)	166	144	140	136	132	126	97	83
3. Per Independent Contractor	13	12	12	11	10	10	8	6
4. Per Additional Insured	31	28	27	26	24	24	21	18

Rate Table 2 - 2nd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist (owner or employee)	511.20	446.40	434.70	423	407.70	389.70	298.80	257.40
2. Non Psychologist (Owner or Employee- MD does not apply)	363	315	306	297	289	275	212	181
3. Per Independent Contractor	28	26	26	24	22	22	17	13
4. Per Additional Insured	68	61	59	57	52	52	46	39

Rate Table 3 - 3rd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist (owner or employee)	756	660.6	642.6	625.50	602.1	576	441.90	380.70
2. Non Psychologist (Owner or Employee - MD does not apply)	537	465	452	440	427	407	314	268
3. Per Independent Contractor	42	39	39	36	32	32	26	19
4. Per Additional Insured	100	80	87	84	78	78	68	58

AUG 1 - 1997

RATES CONTINUED

Rate Table 4 - 4th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist (Owner or Employee)	1040.49	826.20	803.70	782.10	753.30	720	552.60	477
2. Non Psychologist (owner or employee - MD does not apply)	671	582	566	550	534	509	392	335
3. Per Independent Contractor	53	49	49	44	40	40	32	24
4. Per Additional Insured	125	113	109	105	97	97	85	73
Rate Table 5 - 5th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist (Owner or Employee)	1156.32	1009.80	893.70	869.40	837	801	614.70	530.10
2. Non Psychologist (owner or employee - MD does not apply)	746	647	629	611	593	566	436	373
3. Per Independent Contractor	56	54	54	49	45	45	36	27
4. Per Additional Insured	139	126	121	117	108	108	94	81
Rate Table 6 - 6th Year Annual Premium								
	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist (Owner or Employee)	1247.40	1089	1060.29	1031.58	992.97	863.10	662.40	571.50
2. Non Psychologist (owner or employee - MD does not apply)	804	698	678	659	640	610	470	402
3. Per Independent Contractor	63	58	58	53	48	48	39	29
4. Per Additional Insured	150	136	131	126	116	116	102	87

PSYCHOLOGISTS CLAIMS-MADE RATES**STATE OF ILLINOIS****Renewal Business - Addition of Owner/Partner/Director/Shareholder without Claims in the Last Six Months and with Prior Insurance****Rate Table 1 - 1st Year Annual Premium**

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Psychologist -New Owner/Partner/Director/ Shareholder	234	204.30	198.90	193.50	186.30	178.20	136.80	117.90
Psychologist Current Owner/All Employees	260	227	221	215	207	198	152	131
2. Non Psychologist (Owner or Employee - MD does not apply)	166	144	140	136	132	126	97	83
3. Per Independent Contractor	13	12	12	11	10	10	8	6
4. Per Additional Insured	31	28	27	26	24	24	21	18

Rate Table 2 - 2nd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Psychologist -New Owner/Partner/Director/ Shareholder	511.20	446.40	434.70	423	407.70	389.70	298.80	257.40
Psychologist - Current Owner/All employees	568	496	483	470	453	433	332	286
2. Non Psychologist (Owner or Employee- MD does not apply)	363	315	306	297	289	275	212	181
3. Per Independent Contractor	28	26	26	24	22	22	17	13
4. Per Additional Insured	68	61	59	57	52	52	46	39

Rate Table 3 - 3rd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Psychologist -New Owner/Partner/Director/ Shareholder	756	660.60	642.60	625.50	602.10	576	441.90	380.70
Psychologist - Current Owner/All employees	840	734	714	695	669	640	491	423
2. Non Psychologist (Owner or Employee - MD does not apply)	537	465	452	440	427	407	314	268
3. Per Independent Contractor	42	39	39	36	32	32	26	19
4. Per Additional Insured	100	80	87	84	78	78	68	58

RATES CONTINUED

Rate Table 4 - 4th Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Psychologist - New Owner/Partner/Director/ Shareholder	1040.49	826.20	803.70	782.10	753.30	720	552.60	477
Psychologist - Current Owner/All Employees	1051	918	893	869	837	800	614	530
2. Non Psychologist (owner or employee - MD does not apply)	671	582	566	550	534	509	392	335
3. Per Independent Contractor	53	49	49	44	40	40	32	24
4. Per Additional Insured	125	113	109	105	97	97	85	73

Rate Table 5 - 5th Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Psychologist - New Owner/Partner/Director/ Shareholder	1156.32	1009.80	893.70	869.40	837	801	614.70	530.10
Psychologist - Current Owner/All Employees	1168	1020	993	966	930	890	683	589
2. Non Psychologist (owner or employee - MD does not apply)	746	647	629	611	593	566	436	373
3. Per Independent Contractor	56	54	54	49	45	45	36	27
4. Per Additional Insured	139	126	121	117	108	108	94	81

Rate Table 6 - 6th Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Psychologist -New Owner/Partner/Director/ Shareholder	1247.40	1089	1060.29	1031.58	992.97	863.10	662.40	571.50
Psychologist - Current Owner/All Employee	1260	1100	1071	1042	1003	959	736	635
2. Non Psychologist -owner or employee - MD does not apply)	804	698	678	659	640	610	470	402
3. Per Independent Contractor	63	58	58	53	48	48	39	29
4. Per Additional Insured	150	136	131	126	116	116	102	87

PSYCHOLOGISTS CLAIMS-MADE RATES
STATE OF ILLINOIS
ALL OTHER

Rate Table 1 - 1st Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	260	227	221	215	207	198	152	131
2. Per Non Psychologist (does not include clerical employees)	166	144	140	136	132	126	97	83
3. Per Independent Contractor	13	12	12	11	10	10	8	6
4. Per Additional Insured	31	28	27	26	24	24	21	18

Rate Table 2 - 2nd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	568	498	483	470	453	433	332	286
2. Per Non Psychologist (does not include clerical employees)	363	315	306	297	289	275	212	181
3. Per Independent Contractor	28	26	26	24	22	22	17	13
4. Per Additional Insured	68	61	59	57	52	52	46	39

Rate Table 3 - 3rd Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	840	734	714	695	669	640	491	423
2. Per Non Psychologist (does not include clerical employees)	537	465	452	440	427	407	314	268
3. Per Independent Contractor	42	39	39	36	32	32	26	19
4. Per Additional Insured	100	80	87	84	78	78	68	58

RATES CONTINUED

Rate Table 4 - 4th Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	1,051	918	893	869	837	800	614	530
2. Per Non Psychologist (does not include clerical employees)	671	582	566	550	534	509	392	335
3. Per Independent Contractor	53	49	49	44	40	40	32	24
4. Per Additional Insured	125	113	109	105	97	97	85	73

Rate Table 5 - 5th Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	1,168	1,020	993	966	930	890	683	589
2. Per Non Psychologist (does not include clerical employees)	746	647	629	611	593	566	436	373
3. Per Independent Contractor	56	54	54	49	45	45	36	27
4. Per Additional Insured	139	126	121	117	108	108	94	81

Rate Table 6 - 6th Year Annual Premium

	2M/4M	1M/6M	1M/5M	1M/4M	1M/3M	1M/1M	500/500	200/200
Limits Each Incident/Aggregate								
1. Per Psychologist	1,260	1,100	1,071	1,042	1,003	959	736	635
2. Per Non Psychologist (does not include clerical employees)	804	698	678	659	640	610	470	402
3. Per Independent Contractor	63	58	58	53	48	48	39	29
4. Per Additional Insured	150	136	131	126	116	116	102	87

AUG 1 - 1997

RESEARCH/ACADEMIC PSYCHOLOGISTS

CLAIMS-MADE RATES

INDIVIDUALS ONLY

BASIC COVERAGE RATES

<u>100/300</u>	<u>200/600</u>	<u>\$1,000,000/\$1,000,000</u>	<u>\$1,000,000/\$3,000,000</u>
\$70	\$80	\$103	\$134

***EXTENDED SERVICES COVERAGE OPTION**

<u>100/300</u>	<u>200/600</u>	<u>\$1,000,000/\$1,000,000</u>	<u>\$1,000,000/\$3,000,000</u>
\$140	\$160	\$206	\$268

*The Extended Services Coverage option will provide Research/Academic Psychologists with a coverage extension for psychological services performed as part of their responsibilities required by the respective academic institution.

August, 1997

CHICAGO INSURANCE COMPANY

INDIVIDUAL STUDENT PSYCHOLOGIST OCCURRENCE RATES

200/200

17

500/500

19

1M/1M

23

1M/3M

35

Studrt

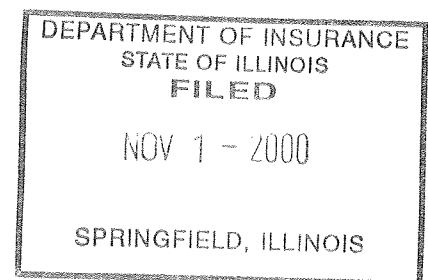
Aug 1 1997

**CHICAGO INSURANCE COMPANY
PSYCHOLOGISTS PURCHASING GROUP ASSOCIATION
Disciplinary Defense Occurrence Insurance Policy
NATIONWIDE RATES**

Individual Insured only

<u>Limits of Liability</u>	<u>Annual Price</u>
\$ 5,000 per proceeding/ \$10,000 aggregate	\$100
\$25,000 per proceeding/ \$50,000 aggregate	\$229
\$50,000 per proceeding/ \$50,000 aggregate	\$294

No discounts or credits apply to these rates.



**MEDICAL RELATED PROFESSIONAL SERVICES PURCHASING GROUP
MEDICAL RELATED FACILITIES
GENERAL RULES**

1. APPLICATION OF THESE RULES

These pages contain the rules and rates for writing professional and general liability insurance for Medical Related Facilities, Nursing Homes, Home Health Care, In-Home Day Care, Ambulance Services and Employees/Members of specified organizations.

2. PREMIUM COMPUTATION

Premium computations for various insured types are specified on the pages that follow.

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down,
- b. any amount involving \$.50 or more shall be rounded up.

4. ADDITIONAL and RETURN PREMIUMS

Prorate all changes requiring additional or return premium. Apply the rates and rules that were in effect at the inception date of the current policy period.

5. SIZE OF FIRM CREDIT

If the named insured is a group, corporation or self-employed with employees, a premium credit may be applied where applicable to the developed premium as set forth in the premium computation tables which follow.

6. RISK MANAGEMENT

A credit will apply for the attendance at an accredited Risk Management Workshop or recognized risk management self-study course. A credit of 10% is applied to the professional liability premium. For facilities, at least half of the professional staff must have participated in a risk management activity within the previous eighteen months to qualify for this credit.

**MEDICAL RELATED PROFESSIONAL SERVICES PURCHASING GROUP
MEDICAL RELATED FACILITIES
GENERAL RULES**

7. INDIVIDUAL RISK MODIFICATION SCHEDULE

The hazards vary with the facility type, organization, loss prevention activities, professional services rendered, etc. To recognize the factors unique to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus or minus 40% unless statutorily limited.

a. Loss Control / Risk Management (-10% to +10%)

Based on the implementation and maintenance of a loss control program by the facility.

b. Accreditation (-10% to +10%)

The facility is accredited by either the governing regulatory body or professional organization which has recognized standards for the respective operation.

c. Continuing Education (-10% to +10%)

Facility imposes ongoing continuing education for professional staff and staff development program.

d. Management (-15% to +15%)

Facility management is stable, experienced and has maintained consistently high standards in employment procurement and practices.

e. Unusual Risk Characteristics (-25% to +25%)

Recognizes significant characteristics that are either above or below those generally accepted in the industry.

8. CLAIMS EXPERIENCE MODIFICATION RULE

A debit or credit of up to 25% will be applied to the combined professional and general liability premium based on the individual loss experience of the risk. The criteria used in the application of the modification factor are:

- a. Number of claims (frequency)
- b. Claims severity
- c. Type of claim (or allegation)

**MEDICAL RELATED PROFESSIONAL SERVICES PURCHASING GROUP
MEDICAL RELATED FACILITIES
GENERAL RULES**

9. MULTIPLE FACILITY DISCOUNT RULE

In the event that multiple facilities are insured under one policy with a shared limit of liability, the following credit schedule applies:

Number of Facilities	Credit
1 to 2	0%
3 to 5	10%
6 to 10	20%
11 or more	<i>Refer to Company</i>

10. AGGREGATE LOCATION SURCHARGE RULE

In the event multiple facilities are insured under one policy and a separate aggregate is applicable to each location, the following debit schedule applies:

Number of Facilities	Debit
1	0%
2 to 3	5%
4 to 6	10%
7 to 10	15%
11 or more	<i>Refer to Company</i>

11. CLAIMS MADE RULES

a. Claims Made Factors

If Claims Made coverage is requested, the following factors apply to the occurrence premium developed for professional liability coverage:

Years of Prior Acts	Factor
None	.35
One	.60
Two	.75
Three	.80
Four or More	.85

**MEDICAL RELATED PROFESSIONAL SERVICES PURCHASING GROUP
MEDICAL RELATED FACILITIES
GENERAL RULES**

b. Extended Reporting Endorsement Options

Extended reporting period options are available subject to the **CONDITIONS** stated in the applicable policy form.

12. DEDUCTIBLE CREDITS

Deductible Amount	Premium Credit Factor
\$5,000	.90
\$10,000	.825
\$25,000	.70
Over \$25,000	<i>Refer to Company</i>

13. GENERAL LIABILITY

When general liability coverage is requested, the rate will be determined by the ISO Loss Costs based on the ISO Classification manual. This Loss Cost will then be multiplied by the current company Loss Cost Multiplier which may be found in the Rating Section of this manual.

**14. EMPLOYEE BENEFITS ADMINISTRATION ERRORS AND OMISSIONS
COVERAGE OPTION**

The premium is a calculated flat amount, multiplied by the Claims Made multiplier, for policies covering up to 2,000 employees.

Each Employee Limit	Policy General Aggregate Limit	Number of Employees 1 to 100	101 to 500	501 to 1,000	1,001 to 2,000
\$25,000	\$50,000	\$300	\$350	\$450	\$625
\$100,000	\$300,000	\$450	\$525	\$700	\$950
\$500,000	\$500,000	\$595	\$695	\$895	\$1,240
\$500,000	\$1,000,000	\$605	\$705	\$910	\$1,260
\$1,000,000	\$1,000,000	\$655	\$765	\$985	\$1,370
\$1,000,000	\$2,000,000	\$670	\$785	\$1,010	\$1,400

MAR 1 - 1997

**MEDICAL RELATED PROFESSIONAL SERVICES PURCHASING GROUP
MEDICAL RELATED FACILITIES
GENERAL RULES**

Years of Prior Acts	Factor
None	.89
1	.95
2	.99
3 or more	1.00

15. ADDITIONAL INSURED CHARGES

Premiums for additional insured coverage are as follows:

Policy Limits of Liability	Charge per Additional Insured
\$100,000/\$300,000	\$120
\$500,000/\$500,000	\$129
\$1,000,000/\$1,000,000	\$147
\$1,000,000/\$2,000,000	\$157
\$1,000,000/\$3,000,000	\$165

16. MINIMUM PREMIUM RULE

All policies are subject to a minimum premium of \$1,000.

17. MEDICAL PAYMENTS COVERAGE

When General Liability coverage is purchased, Medical Payments Coverage may be offered for limits of \$1,000 per Occurrence / \$10,000 annual aggregate. The additional charge for this coverage is \$50.

CHICAGO INSURANCE COMPANY
MEDICAL RELATED PROFESSIONAL SERVICES
PURCHASING GROUP
MEDICAL RELATED FACILITIES
COUNTRYWIDE
NURSING HOMES

1. PROFESSIONAL/GENERAL LIABILITY RATING

Rating is based on the average bed occupancy during the policy period.
See specific state rate page for applicable rates.

2. SEXUAL MISCONDUCT / PHYSICAL ABUSE COVERAGE

Limited coverage and defense options are available for sexual misconduct
/physical abuse subject to the following factors:

Coverage Options	Factor Applied to Developed Premium
a. Sublimit \$25,000/\$50,000	.85
b. Sublimit \$50,000/\$100,000	.90
c. Sublimit \$100,000/\$200,000	.95
d. Sublimit \$100,000/\$300,000	.97
e. Sublimit \$250,000/\$500,000	1.02
f. Sublimit \$500,000/\$1,000,000	1.04
g. Sublimit \$1,000,000/\$1,000,000	1.06
h. Sublimit \$1,000,000/\$2,000,000	1.08
i. Sublimit \$1,000,000/\$3,000,000	1.10
j. Coverage and Defense excluded	.80

If this coverage is limited to insured employees only, apply a 2.5% credit to
developed premium at chosen sublimit.

**CHICAGO INSURANCE COMPANY
NURSING HOMES – COUNTRYWIDE RATES**

3. ADDITIONAL INSURED CHARGES

<u>Policy Limits of Liability</u>	<u>Charge Per Each Additional Insured</u>
\$100,000/\$300,000	\$120
\$500,000/\$500,000	\$129
\$1,000,000/\$1,000,000	\$147
\$1,000,000/\$2,000,000	\$157
\$1,000,000/\$3,000,000	\$165

4. NON-OWNED AUTO COVERAGE

Non-owned auto coverage may be added for a 15% surcharge of the developed general liability premium.

Because the "bed rate" is for both professional and general liability, the general liability portion of the total developed premium is determined by the multipliers shown below. The 15% surcharge is then applied.

CLASS

Extensive Care:	Total Premium x 10% x 15% = Non-owned Premium
Skilled Care:	Total Premium x 10% x 15% = Non-owned Premium
Intermediate Care:	Total Premium x 20% x 15% = Non-owned Premium
Residential Care:	Total Premium x 40% x 15% = Non-owned Premium

**CHICAGO INSURANCE COMPANY
NURSING HOMES—COUNTRYWIDE RATES**

NURSING HOMES – CODE 44429 – GENERAL LIABILITY RATE OPTIONS

For rates see page NH2

OPTION 1

<u>COVERAGE</u>	<u>LIMIT</u>
GENERAL AGGREGATE	\$200,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$200,000
PERSONAL & ADVERTISING INJURY	\$200,000
EACH OCCURRENCE	\$200,000
FIRE DAMAGE	\$ 50,000
MEDICAL EXPENSE	AVAILABLE

OPTION 2

GENERAL AGGREGATE	\$500,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$500,000
PERSONAL & ADVERTISING INJURY	\$500,000
EACH OCCURRENCE	\$500,000
FIRE DAMAGE	\$ 50,000
MEDICAL EXPENSE	AVAILABLE

OPTION 3

GENERAL AGGREGATE	\$1,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$1,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
FIRE DAMAGE	\$ 50,000
MEDICAL EXPENSE	AVAILABLE

OPTION 4

GENERAL AGGREGATE	\$2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$1,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
FIRE DAMAGE	\$ 50,000
MEDICAL EXPENSE	AVAILABLE

OPTION 5

GENERAL AGGREGATE	\$3,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$1,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
EACH OCCURRENCE	\$1,000,000
FIRE DAMAGE	\$ 50,000
MEDICAL EXPENSE	AVAILABLE

MAN 1 - 1007

**CHICAGO INSURANCE COMPANY
NURSING HOMES—COUNTRYWIDE RATES**

NURSING HOMES – CODE 44429 –GENERAL LIABILITY RATING

1. Select the state bed rate shown on page NH2. Multiply this bed rate by the CLASS RELATIVITY and then multiply by the DECREASED LIMIT FACTOR. Round to the nearest dollar. Multiply the rounded bed rate by the number of beds. Then apply any appropriate ADDITIONAL RATING FACTORS.
2. Rates apply per bed.
3. **ADDITIONAL INSURED:** \$50 per each additional insured.
4. **ADDITIONAL RATING FACTORS:** Maximum modification +/- 25%

Management Modification Factor: (+/-15%)

Criteria

- Years in existence
- Past experience of personnel
- Loss control or risk management program
- Staff ot patient ratio

Multiple Facility Discount:

<u>Facilities</u>	<u>Credit</u>
1-2	0%
2-3	5%
4-6	10%
7-10	15%
Over 10	Refer to Co.

Aggregate per Location Surcharge:

<u>Facilities</u>	<u>Debit</u>
1	0%
2-3	5%
4-6	10%
7-10	15%
Over 10	Refer to Co

5. MINIMUM PREMIUM PER POLICY:

OPTION 1	\$1,000
OPTION 2	\$1,250
OPTION 3	\$1,300
OPTION 4	\$1,350
OPTION 5	\$1,500

CHICAGO INSURANCE COMPANY
MEDICAL RELATED PROFESSIONAL SERVICES
PURCHASING GROUP

MEDICAL RELATED FACILITIES

COUNTRYWIDE

AMBULANCE SERVICES

1. PROFESSIONAL LIABILITY RATING

Rates are based on the number of ambulance and/or emergency transport vehicles owned/operated by the applicant and presume Limits of \$100,000 per occurrence / \$300,000 policy aggregate. This is for occurrence coverage.

a. Rate Per Vehicle: \$392

b. Increased Limit Factors:

<i>LIMIT (000)</i>	<i>FACTOR</i>
\$200/\$200	1.43
\$500/\$500	1.73
\$1,000/\$1,000	2.04
\$1,000/\$2,000	2.18
\$1,000/\$3,000	2.29

c. Surcharge: municipality, town or city size

A surcharge of 10% will apply to risks operating within a radius serving a population in excess of 250,000.

**CHICAGO INSURANCE COMPANY
AMBULANCE SERVICES – COUNTRYWIDE**

d. **Multiple Vehicle Discount**

In the event multiple vehicles are owned/operated under the policy, the following credits will apply:

NUMBER OF VEHICLES	CREDIT
1-2	0%
3-5	10%
6-30	20%
More than 30	Refer to Company

e. **Emergency Modification Factor**

Multiply the amount developed in a. through d. by the appropriate modification factor shown below for the percentage of calls derived from emergency situations:

EMERGENCY PERCENTAGE	MODIFICATION FACTOR
1-29	.90
30-39	1.00
40-49	1.10
50-60	1.15
Over 60%	Refer to Company

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
Rating Rule Manual
Effective 9-1-1998

1. **Application:**

This manual contains the rating rules for all individual physical therapist (including physical therapy assistants) members and to groups of physical therapists of this purchasing group.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate. The following limits apply to other coverages:

Coverage	Limit of Liability (Individual)	Limit of Liability (Group)
Supplemental Liability	Equal to Professional Liability	N/A
General Liability (Optional)	Part of professional liability limits	Part of professional liability limits
Non-owned Auto Liability (Optional)	N/A	Part of professional liability limits
First Party Assault	\$5,000 each assault / \$10,000 aggregate	\$5,000 each assault / \$10,000 aggregate
Licensing Board Reimbursement	\$5,000 per Incident / \$10,000 aggregate	\$5,000 per Incident / \$10,000 aggregate
Wage Loss and Expense	\$10,000 aggregate	\$10,000 aggregate
Deposition Expense Reimbursement	\$5,000 aggregate	\$5,000 aggregate
First Aid Reimbursement	\$2,500 aggregate	\$2,500 aggregate
Damage to Property of others	\$500 aggregate	N/A
Medical Payments	\$1,500 per person / \$75,000 policy aggregate	N/A

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
Rating Rule Manual
Effective 9-1-1998

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Decreased or Increased Limits:**

The following Decreased or Increased Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. **Calculation of Professional Liability Exposures:**

a. When more than fifteen professionals are insured under one policy (i.e., a "group" policy), the number of professionals will be calculated on a full-time equivalency (FTE) basis. The number of hours worked each week by all insureds engaged in a given profession is divided by 37.5 hours to generate the number of FTE professional liability exposures applicable to that profession. In no instance will the application of this rule result in a headcount greater than the actual number of full-time and part-time professionals.

b. Part-Time is defined for an individual professional as being 20 hours or less per week. Full-Time is defined as activity comprising more than 20 hours per week.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
Rating Rule Manual
Effective 9-1-1998

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals or applicable full-time equivalents. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations. General liability is available to groups and individuals who are self-employed.

9. **Non-Owned Auto Premium:**

Premium is computed by multiplying the applicable rate by the number of employees of the Named Insured, subject to the minimum premium stated on the rate page. Non-owned automobile coverage is available to groups.

10. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

11. **Policy Premium:**

The sum of the premiums developed by rules: 6, 7, 8, 9 and 10 is the policy premium.

12. **Modification Schedule:**

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
Rating Rule Manual
Effective 9-1-1998

12a. Loss Control/ Risk Management Education: Range of 0% to +25%.

Physical therapists and physical therapy assistants are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

12b. Claims Experience: Range of -25% to +25%

Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.

13. Entity Limit of Liability: Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

**CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
ASSOCIATION**

Physical Therapist Program

Rates

Effective 9-1-1998

PROFESSIONAL LIABILITY PREMIUM

Occupation:

1M/3M

<u>PHYSICAL THERAPIST</u>	
Employed	150.
Self-employed (Full-time)	480.
Self-employed (Part-time)	286.
<u>PHYSICAL THERAPY AIDE/ASSISTANT</u>	
Employed/Employee	80.
Self-employed (Full-time)	270.
Self-employed (Part-time)	126.

Employees of Physical Therapy Groups:

Physical Therapist, Athletic Trainer, Massage Therapist (Full-time)	360.
Physical Therapist, Athletic Trainer, Massage Therapist (Part-time)	216.

4/1998

**CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
ASSOCIATION**

**Physical Therapy Professionals
Rates**

Effective 9-1-98

**ADDITIONAL INSUREDS PREMIUM
NON-OWNED AUTO PREMIUM**

No change is made to the currently filed rates.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
Rating Rule Manual
Effective 9-1-1998

1. **Application:**

This manual contains the rating rules for all individual physical therapist (including physical therapy assistants) members and to groups of physical therapists of this purchasing group.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate. The following limits apply to other coverages:

Coverage	Limit of Liability (Individual)	Limit of Liability (Group)
Supplemental Liability	Equal to Professional Liability	N/A
General Liability (Optional)	Part of professional liability limits	Part of professional liability limits
Non-owned Auto Liability (Optional)	N/A	Part of professional liability limits
First Party Assault	\$5,000 each assault / \$10,000 aggregate	\$5,000 each assault / \$10,000 aggregate
Licensing Board Reimbursement	\$5,000 per Incident / \$10,000 aggregate	\$5,000 per Incident / \$10,000 aggregate
Wage Loss and Expense	\$10,000 aggregate	\$10,000 aggregate
Deposition Expense Reimbursement	\$5,000 aggregate	\$5,000 aggregate
First Aid Reimbursement	\$2,500 aggregate	\$2,500 aggregate
Damage to Property of others	\$500 aggregate	N/A
Medical Payments	\$1,500 per person / \$75,000 policy aggregate	N/A

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
Rating Rule Manual
Effective 9-1-1998

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Decreased or Increased Limits:**

The following Decreased or Increased Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. **Calculation of Professional Liability Exposures:**

a. When more than fifteen professionals are insured under one policy (i.e., a "group" policy), the number of professionals will be calculated on a full-time equivalency (FTE) basis. The number of hours worked each week by all insureds engaged in a given profession is divided by 37.5 hours to generate the number of FTE professional liability exposures applicable to that profession. In no instance will the application of this rule result in a headcount greater than the actual number of full-time and part-time professionals.

b. Part-Time is defined for an individual professional as being 20 hours or less per week. Full-Time is defined as activity comprising more than 20 hours per week.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
Rating Rule Manual
Effective 9-1-1998

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals or applicable full-time equivalents. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **General Liability Premium:**

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \cdot (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations. General liability is available to groups and individuals who are self-employed.

9. **Non-Owned Auto Premium:**

Premium is computed by multiplying the applicable rate by the number of employees of the Named Insured, subject to the minimum premium stated on the rate page. Non-owned automobile coverage is available to groups.

10. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

11. **Policy Premium:**

The sum of the premiums developed by rules: 6, 7, 8, 9 and 10 is the policy premium.

12. **Modification Schedule:**

Hazards vary with the organization and are impacted by factors such as loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
Rating Rule Manual
Effective 9-1-1998

12a. Loss Control/ Risk Management Education: Range of 0% to +25%.

Physical therapists and physical therapy assistants are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

12b. Claims Experience: Range of -25% to +25%

Based on frequency and severity of claims, including the types and trends for each individual insured professional and the insured entity as a whole.

13. Entity Limit of Liability: Groups with limits of liability equal to or less than \$1M/\$3M have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

**CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
ASSOCIATION**

Allied Health Professionals

Rates

Effective 9-1-98

PROFESSIONAL LIABILITY PREMIUM

Occupation:

1M/3M

ATHLETIC TRAINER, MASSAGE & OTHER THERAPISTS (including CORRECTIVE THERAPIST, HELLER WORKER, ROLFER, STRUCTURAL BODY WORKER) Employed/Employee Self-employed	194. 938.
DIETICIAN & NUTRITIONIST Employed/Employee Self-employed	76. 283.
MEDICAL TECHNOLOGIST Employed/Employee Self-employed	87. 332.
OCCUPATIONAL THERAPIST Employed/Employee Self-employed	76. 212.
ORTHOPEDIC TECHNICIAN Self-employed	938.
ORTHOTIST Employed	194.
REHABILITATION COUNSELOR Employed/Employee Self-employed	144. 409.
RESPIRATORY THERAPIST Employed/Employee Self-employed	76. 289.

**CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
ASSOCIATION**

Nursing Professionals

Rates

Effective 9-1-98

PROFESSIONAL LIABILITY PREMIUM

Occupation:

1M/3M

LPN, LVN, AIDES/ASSISTANTS Employed/Employee	68.
REGISTERED NURSE - EXCLUDING OB Employed/Employee	89.
Self-employed	350.
REGISTERED OBSTETRICAL NURSE Employed/Employee	385.
Self-employed	880.
NURSE, ADVANCED PRACTICE Obstetrical Advanced Practice Nurse	960.
Psychiatric Advanced Practice Nurse	600.
Pediatric/Family Advanced Practice Nurse	780.
All Other Advanced Practice Nurses	420.

**CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONALS PURCHASING GROUP
ASSOCIATION**

Allied Health Professionals

Rates

Effective 9-1-98

GENERAL LIABILITY PREMIUM

Occupation:

1M/3M

ALL ALLIED HEALTH PROFESSIONALS	
First Location	120.
Additional Locations (each)	50.

CHICAGO INSURANCE COMPANY
AMERICAN SOCIETY of HEALTH-SYSTEM PHARMACISTS
RISK PURCHASING GROUP
Pharmacists
Rating Rule Manual
Effective 9-1-1998

1. **Application:**

This manual contains the rating rules for all graduate members of this purchasing group.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate. The following limits apply to other coverages:

Coverage	Limit of Liability (Individual)	Limit of Liability (Group)
Supplemental Liability	Equal to Professional Liability	N/A
First Party Assault	\$5,000 each assault / \$10,000 aggregate	\$5,000 each assault / \$10,000 aggregate
Licensing Board Reimbursement	\$5,000 per proceeding / \$10,000 aggregate	\$5,000 per proceeding / \$10,000 aggregate
Wage Loss and Expense	\$10,000 aggregate	\$10,000 aggregate
Deposition Expense Reimbursement	\$5,000 aggregate	\$5,000 aggregate
First Aid Reimbursement	\$2,500 aggregate	\$2,500 aggregate
Damage to Property of Others	\$500 aggregate	N/A
Medical Payments	\$1,500 per person / \$75,000 aggregate	N/A

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

CHICAGO INSURANCE COMPANY
AMERICAN SOCIETY of HEALTH-SYSTEM PHARMACISTS
RISK PURCHASING GROUP
Pharmacists
Rating Rule Manual
Effective 9-1-1998

5. **Decreased or Increased Limits:**

The following Decreased or Increased Limit Factors (DLFs or ILFs) apply to the \$1,000,000 / \$3,000,000 base rate:

Limit Option	Limit Factor (LF)
\$100,000 / \$300,000	0.67
\$200,000 / \$600,000	0.71
\$500,000 / \$1,000,000	0.83
\$1,000,000 / \$3,000,000	1.00
\$2,000,000 / \$4,000,000	1.17

6. **Exposure Reduction:**

Reduced rates apply to Pharmacists engaged in practices that reduce the risk of loss. If a pharmacist qualifies under more than one category, only the category that provides the lowest rate applies.

a.) **Newly Graduating Professionals:**

New graduate rates apply to individual pharmacists who have graduated within one year prior to the policy effective date. The rate for such pharmacists shall be 50% of the rate shown on the rate page.

b.) **Part-time Practice:**

Part-time rates apply to self-employed professionals practicing 20 or fewer hours per week. These rates are shown on the rate page as part-time self-employed.

The lowest rate given by a.) or b.) above applies.

7. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

8. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional

CHICAGO INSURANCE COMPANY
AMERICAN SOCIETY of HEALTH-SYSTEM PHARMACISTS
RISK PURCHASING GROUP
Pharmacists
Rating Rule Manual
Effective 9-1-1998

insureds under the policy.

9. **Policy Premium:**

The sum of the premiums developed by rules: 7 and 8 above is the policy premium.

10. **Group Size:**

Practices which insure more than one Pharmacist under one policy (groups) are eligible for a premium credit, based upon the number of professionals insured under such group policy. This credit shall be as according to the following schedule:

Number of Professionals	Credit
2 - 9	4.00%
10 - 14	8.00%
15+	12.00%

11. **Risk Management Education:**

Pharmacists are eligible for a premium credit, based upon participation in or attendance at a Company approved loss prevention, loss control, risk management or legal issues seminar or other educational forum (collectively "seminar"). Such "seminar" must be at least 4 hours in length. The applicable credit shall be up to 25% of the policy premium. For groups, 50% of the insured professionals must have attended a "seminar" for this credit to apply.

12. **Additional Limits:**

Groups with limits of liability equal to or less than \$1,000,000 / \$3,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium.

CHICAGO INSURANCE COMPANY
AMERICAN SOCIETY of HEALTH-SYSTEM PHARMACISTS
RISK PURCHASING GROUP

Pharmacist Students
Rating Rule Manual
Effective 9-1-1998

1. **Application:**

This manual contains the rating rules for student Pharmacist members of this purchasing group.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rate. The following limits apply to other coverages:

Coverage	Limit of Liability (Individual)
Supplemental Liability	Equal to Professional Liability
First Party Assault	\$1,000
Grievance Board Reimbursement	\$1,000
Wage Loss and Expense	\$500/day / \$7,500 aggregate
First Aid Reimbursement	\$250
Damage to Property of Others	\$500
Medical Payments	\$1,500 per person / \$75,000 aggregate

3. **Rounding:**

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. **Changes:**

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. **Professional Liability Premium:**

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

**CHICAGO INSURANCE COMPANY
AMERICAN SOCIETY of HEALTH-SYSTEM PHARMACISTS
RISK PURCHASING GROUP**

**Pharmacist Students
Rating Rule Manual
Effective 9-1-1998**

6. Multi-year Policies

The following factors apply to policies with terms of more than one year:

- A. Biannual rates are 194 percent of annual rates.
- B. Triennial rates are 280 percent of the annual rates.

7. Policy Premium:

The premium developed by rules 5 and 6 above is the policy premium.

CHICAGO INSURANCE COMPANY
AMERICAN SOCIETY of HEALTH-SYSTEM PHARMACISTS
RISK PURCHASING GROUP
PHARMACISTS
Rates
Effective 9-1-1998

PROFESSIONAL LIABILITY PREMIUM

Occupation:

1M/3M

<u>PHARMACIST:</u>	
Employee/employed	151.
Self-employed (full-time)	407.
Self-employed (part-time)	197.
<u>PHARMACY TECHNICIAN:</u>	
Employee/employed	87.
Self-employed (full-time)	332.
Self-employed (part-time)	147.

(05/98)

SEP - 1 1998

CHICAGO INSURANCE COMPANY
AMERICAN SOCIETY of HEALTH-SYSTEM PHARMACISTS
Pharmacists
Rates
Effective 9-1-1998

ADDITIONAL INSUREDS PROFESSIONAL LIABILITY PREMIUM

Occupation: **100/300** **200/600** **500/1M** **1M/3M** **2M/4M**

Pharmacist Self-employed	105.	110.	129.	156.	183.
-----------------------------	------	------	------	------	------

SEP 3 - 1998

**CHICAGO INSURANCE COMPANY
AMERICAN SOCIETY of HEALTH-SYSTEM PHARMACISTS
RISK PURCHASING GROUP**

Pharmacist Students

Rates

Effective 9-1-1998

PROFESSIONAL LIABILITY PREMIUM

<u>Occupation:</u>	<u>\$200K /</u>	<u>\$500K /</u>	<u>\$1M /</u>	<u>\$1M /</u>	<u>\$2M /</u>
	<u>\$200K</u>	<u>\$500K</u>	<u>\$1M</u>	<u>\$3M</u>	<u>\$4M</u>
PHARMACIST STUDENT	17	19	23	35	41

(05/98)

SEP - 1 1998

**PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER ALLIED
HEALTH THERAPISTS
AT JANUARY 1, 1995**

<u>OCCUPATION</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
PHARMACISTS				
Employed	105.	124.	141.	151.
Consulting	287.	333.	382.	407.
Consulting-Part Time S.E.	139.	162.	185.	197.
Retail Druggists	287	333.	382.	407.
REHABILITATION COUNSELORS				
Employed	97.	102.	133.	144.
Self-Employed	285.	294.	383.	409.
Part Time S. E.	163.	171.	223.	238.
Employee Rates	98.	101.	131.	143.
SPEECH/HEARING THERAPISTS				
Employed	43.	50.	57.	79.
Self-Employed	78.	91.	105.	143.
Employee Rates	28.	32.	36.	39.
ATHLETIC TRAINERS & MESSAGE THERAPISTS				
Self-Employed	679.	790.	887.	938.
Part-Time Self-Employed	290.	337.	377.	399.
Employed	141.	163.	183.	194.
DENTAL HYGIENISTS				
Self-Employed	188.	219.	238.	252.
Employed	50.	57.	62.	66.
Part-Time Self-Employed	84.	97.	105.	111.
OPTOMETRISTS				
Self-Employed	306.	360.	413.	437.
Employed	92.	105.	121.	125.
OPTICIANS				
	122.	144.	164.	174.

**PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER
ALLIED HEALTH THERAPISTS**

<u>Occupation</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
DIETICIAN				
Self Employed	205.	239.	275.	283.
Part Time Self Employed	91.	106.	121.	132.
Employed	54.	62.	72.	76.
Employees	53.	62.	72.	77.
OCCUPATIONAL THERAPISTS				
Employed & Self-Employed 10 Hours or Less Per Week	91.	106.	121.	132.
Employed & Self-Employed More Than 10 Hours Per Week	154.	179.	206.	212.
Only Self-Employed 20 Hours or Less Per Week	68.	80.	91.	99.
Only Self-Employed 20 Hours Per Week	154.	179.	206.	212.
Employees	53.	62.	72.	77.
Employed	54.	62.	72.	76.
PHYSICAL THERAPIST EMPLOYEES OF NON-PHYSICAL FIRM	139.	163.	187.	198.
NURSE - GENERAL DUTY	63.	73.	84.	89.
SPORTS MEDICINE THERAPISTS				
Self-Employed	1000.	1164.	1307.	1383.
Employees Rate	205.	239.	268.	284.
Employed	227.	264.	297.	314.

**PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER
ALLIED HEALTH THERAPISTS**

<u>Occupation</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
MEDICAL TECHNOLOGISTS				
Self-Employed	250.	290.	314.	332.
Part-Time Self-Employed	110.	128.	138.	147.
Employed	67.	76.	82.	87.
Employees	64.	76.	81.	86.
OTHER ALLIED HEALTH				
Self-Employed	217.	252.	273.	289.
Part-Time Self-Employed	96.	111.	120.	128.
Employed	58.	66.	71.	76.
Employees	56.	66.	70.	75.

**PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER ALLIED
HEALTH THERAPISTS - CONT'D**

ADDITIONAL INSURED (Each)	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>
1. Speech & Hearing	100	118	134	142
2. Sports Medicine	135	159	181	192
3. All Other Occupations	110	129	147	156

PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER ALLIED
HEALTH THERAPISTS - CONT'D

GENERAL LIABILITY	<u>200,000 CSL</u>	<u>500,000 CSL</u>	<u>1,000,000 CSL</u>
1. SPEECH & HEARING Additional Locations	73. 29.	83. 33.	95. 38.
2. OCCUP. THERAPISTS AND DIETICIANS Additional Locations	107. 44.	125. 51.	144. 58.
3. REHAB. COUNSELORS Additional Locations	147. 59.	174. 69.	198. 79.
4. DENTAL HYGIENISTS Additional Locations	98. 40.	116. 46.	132. 53.
5. SPORTS MEDICINE THERAPISTS Additional Locations	134. 54.	159. 64.	182. 73.
6. ALL OTHER OCCUPATIONS Additional Locations	112. 45.	133. 53.	152. 61.
NON-OWNED AUTO LIABILITY	<u>200,000 CSL</u>	<u>500,000 CSL</u>	<u>1,000,000 CSL</u>
1. SPEECH & HEARING If over 10 employees - Submit to Company.	50.	57.	65.
2. OCCUP. THERAPISTS AND DIETICIANS If over 10 employees - rate per person.	74. 7.	86. 8.	99. 9.
3. REHAB. COUNSELORS If over 10 employees - rate per person.	102. 10.	119. 11.	138. 13.

PHARMACISTS, SPEECH & HEARING. REHABILITATION COUNSELORS
OPTOMETRISTS AND OTHER ALLIED
HEALTH THERAPISTS - CONT'D

N/O AUTO LIABILITY-CONT.	<u>200,000 CSL</u>	<u>500,000 CSL</u>	<u>1,000,000 CSL</u>
4. DENTAL HYGIENISTS If over 10 employees - rate per person.	68. 7.	79. 8.	91. 9.
5. SPORTS MEDICINE THERAPISTS If over 10 employees - Submit to Company	104.	121.	140.
6. ALL OTHER OCCUPATIONS If over 10 employees - rate per person.	78. 8.	91. 9.	105. 10.

CHICAGO INSURANCE COMPANY
ASHA PURCHASING GROUP ASSOCIATION
Rating Rule Manual
Effective 1-1-1999

1. **Application:**

This manual contains the rating rules for all members, except for student members, of this purchasing group.

2. **Limits:**

The limit of liability shall be the limit indicated on the rate page for the applicable professional liability rates. The following limits apply to other coverages:

Coverage	Limit of Liability (Individual)	Limit of Liability (Group)
Supplemental Liability	Equal to Professional Liability limits	Equal to Professional Liability limits
General Liability (Optional)	Part of Professional Liability limits	Part of Professional Liability limits
Non-owned Auto Liability (Optional)	N/A	Part of Professional Liability limits
Medical Payments	\$5,000 per person / \$75,000 aggregate	\$5,000 per person / \$75,000 aggregate
First Party Assault	\$5,000 each assault / \$10,000 aggregate	\$5,000 each assault / \$10,000 aggregate
Licensing Board Reimbursement	\$6,000 per proceeding / \$10,000 aggregate	\$6,000 per proceeding / \$25,000 aggregate
Wage Loss and Expense	\$11,000 aggregate	\$11,000 aggregate
Deposition Expense Reimbursement	\$7,500 aggregate	\$7,500 aggregate
First Aid Reimbursement	\$2,500 aggregate	\$2,500 aggregate
Damage to Property of Others	\$750 aggregate	\$750 aggregate

**CHICAGO INSURANCE COMPANY
ASHA PURCHASING GROUP ASSOCIATION**

Rating Rule Manual

Effective 1-1-1999

3. Rounding:

Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

4. Changes:

Pro rate all changes requiring additional or return premium, applying the rates and rules in effect at the policy effective date.

5. Additional Professional Education:

The following rates recognize the value of certified continuing education for Audiology & Speech/Language professionals:

- a. reduced rates apply to professionals who have qualified for the Award for Continuing Education (ACE). The professional liability rate for such professionals shall be 90% of the rate shown on the rate page;
- b. reduced rates apply to professionals who have qualified for the Certificate of Clinical Competence (CCC). The professional liability rate for such professionals shall be 95% of the rate shown on the rate page.

If the professional qualifies for both a. and b., the rate shall be 85% of the professional liability rate shown on the rate page.

6. Professional Liability Premium:

Premium is computed by multiplying the appropriate rate for each professional by the number of insured professionals. This multiplication is performed for each class of professional. The sum of these products is the total professional liability premium.

7. General Liability Premium:

Premium is equal to the applicable rate for the first covered location if only one location is covered. Additional location premium is calculated by multiplication of the rate for additional locations by the number of covered locations less one. The premium is the sum

CHICAGO INSURANCE COMPANY
ASHA PURCHASING GROUP ASSOCIATION
Rating Rule Manual
Effective 1-1-1999

of this product and the first location rate. This calculation is given in the following formula:

$$P = r_1 + [r_2 \bullet (n - 1)]$$

Where P is the general liability premium, r_1 is the first location rate, r_2 is the additional location rate and n is the total number of locations.

8. **Non-Owned Auto Premium:**

Premium is computed by multiplying the applicable rate by the number of employees of the Named Insured, subject to the minimum premium stated on the rate page. Non-owned automobile coverage is available to groups only.

9. **Additional Insured Premium:**

Premium is computed by multiplying the applicable rate by the number of additional insureds under the policy.

10. **Policy Premium:**

The sum of the premiums developed by rules: 6, 7, 8 and 9 is the policy premium.

11. **Additional Limits:**

Groups with limits of liability equal to or less than \$1,000,000 / \$5,000,000 have the option of purchasing one additional and separate limit of liability for the entity for an additional 17% of the total annual premium. This charge is subject to a minimum annual premium of \$50.

**CHICAGO INSURANCE COMPANY
ASHA PURCHASING GROUP ASSOCIATION
Student Program
Rating Rule Manual**

No change is made to the currently filed rules.

**CHICAGO INSURANCE COMPANY
ASHA PURCHASING GROUP ASSOCIATION**

Rates
Effective 1-1-1999

PREMIUM

	<u>200/600</u>	<u>500/1M</u>	<u>1M/3M</u>	<u>1M/5M</u>	<u>2M/5M</u>
PROFESSIONAL LIABILITY					
Employed	43.	50.	57.	79.	92.
Employee	28.	32.	36.	39.	46.
Self-employed	78.	91.	105.	143.	167.
ADDITIONAL INSURED PROFESSIONAL LIABILITY (each)	100.	118.	134.	142.	166.
GENERAL LIABILITY					
First Location	73.	83.	95.	95.	111.
Additional Locations (each)	29.	33.	38.	38.	44.
NON-OWNED AUTO LIABILITY					
1 to 10 employees	50.	57.	65.	65.	76.
More than 10 employees	5.	6.	7.	7.	8.

**CHICAGO INSURANCE COMPANY
ASHA PURCHASING GROUP ASSOCIATION**

**Students
Rates
Effective 1-1-1999**

PROFESSIONAL LIABILITY PREMIUM

	<u>1M/1M</u>	<u>1M/3M</u>	<u>2M/4M</u>
STUDENT	23.	30.	35.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION

Physical Therapy Students

Rating Rule Page

Effective 8-1-96

1. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
 \$.49 or less shall be dropped;
 \$.50 or more shall be rounded to the next whole dollar.

2. The rates for the student specialty, of physical therapy are as follows:

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000 / \$200,000	\$17.00
\$500,000 / \$500,000	\$19.00
\$1,000,000 / \$1,000,000	\$23.00
\$1,000,000 / \$3,000,000	\$33.00
\$2,000,000 / \$4,000,000	\$39.00

3. Biannual rates are 194 percent of annual rates.
4. Triennial rates are 280 percent of the annual rates,

**CHICAGO INSURANCE COMPANY
AMERICAN HEALTH CARE PROFESSIONS PURCHASING GROUP
ASSOCIATION**

Nursing Students

Rating Rule Page

Effective 8-1-96

1. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
 \$.49 or less shall be dropped;
 \$.50 or more shall be rounded to the next whole dollar.

2. The rates for the student specialty of nursing are as follows:

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000 / \$200,000	\$17.00
\$500,000 / \$500,000	\$19.00
\$1,000,000 / \$1,000,000	\$23.00
\$1,000,000 / \$3,000,000	\$33.00
\$2,000,000 / \$4,000,000	\$39.00

3. Biannual rates are 194 percent of annual rates.
4. Triennial rates are 280 percent of the annual rates,

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

Individual Students

Rating Rule Page

Effective 8-1-96

1. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
 \$.49 or less shall be dropped;
 \$.50 or more shall be rounded to the next whole dollar.
2. The rates for all the student specialties, eligible for this program, except: nursing, physical therapy and speech and hearing therapy, are as follows:

Class I Rates

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000 / \$200,000	\$17.00
\$500,000 / \$500,000	\$19.00
\$1,000,000 / \$1,000,000	\$23.00
\$1,000,000 / \$3,000,000	\$35.00
\$2,000,000 / \$4,000,000	\$41.00

The rates for the student specialties of nursing and physical therapy are as follows:

Class II Rates

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000 / \$200,000	\$17.00
\$500,000 / \$500,000	\$19.00
\$1,000,000 / \$1,000,000	\$23.00
\$1,000,000 / \$3,000,000	\$33.00
\$2,000,000 / \$4,000,000	\$39.00

The rates for the student specialty of speech and hearing therapy are as follows:

Class III Rates

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000 / \$200,000	\$17.00
\$500,000 / \$500,000	\$19.00
\$1,000,000 / \$1,000,000	\$23.00
\$1,000,000 / \$3,000,000	\$30.00
\$2,000,000 / \$4,000,000	\$35.00

3. Biannual rates are 194 percent of annual rates.
4. Triennial rates are 280 percent of the annual rates,

**CHICAGO INSURANCE COMPANY
ASHA PURCHASING GROUP ASSOCIATION
RATING GUIDELINES**

1. APPLICATION OF THESE RULES

These pages contain the rules and rates for writing professional liability for miscellaneous therapists and pharmacists.

2. PREMIUM COMPUTATION

Professional liability premium shall be computed by applying the appropriate rate per person to the total number of individuals who are named insureds, partners of an insured partnership and officers of an insured professional corporation or employed professional of any named insured.

General liability (optional) premium shall be computed by applying the appropriate rate(s) per location to the total number of locations.

Non-owned Automobile Liability (optional) premium shall be computed by applying the appropriate rate(s) to the total number of individuals who are named insureds, partners of an insured partnership and officers of an insured professional corporation or employed person of any named insured.

Additional insured (optional) premium shall be computed by applying the appropriate rate to each policy.

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down
- b. any amount involving \$.50 or more shall be rounded up

4. ADDITIONAL/RETURN PREMIUM

Prorate all changes requiring additional or return premium. Apply the rates and rules that were in effect at the inception date of the current policy period.

CHICAGO INSURANCE COMPANY

SPEECH AND HEARING THERAPISTS

Effective October 1, 1996

<u>PROFESSIONAL LIABILITY</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/ 3M</u>
SPEECH/ HEARING THERAPISTS				
Employed	43.	50.	57.	79.
Self-Employed	78.	91.	105.	143.
Employee Rates	28.	32.	36.	39.
Student Rates	17.	19.	23.	30.
ADDITIONAL INSUREDS (per policy)	100.	118.	134.	142.

<u>GENERAL LIABILITY</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>
FIRST LOCATION	73.	83.	95.
Additional Locations	29.	33.	38.

NON-OWNED AUTO LIABILITY

FIRST 10 EMPLOYEES	50.	57.	65.
If over 10 employees - submit to company			

CHICAGO INSURANCE COMPANY

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

Individual Students

Rating Rule Page

Effective 8-1-96

Class I Specialities

'Student/Graduate' Art Therapist
'Student/Graduate' Athletic Trainer
'Student/Graduate' Audiologist
'Student/Graduate' Bio-medical Technician
'Student/Graduate' Blood Bank Technologist
'Student/Graduate' Cardiology Technician
'Student/Graduate' Certified Laboratory Assistant
'Student/Graduate' Child Care Assistant
'Student/Graduate' Child Development and/or Family Services
'Student/Graduate' Clinical Laboratory Technologist
'Student/Graduate' Community Health Intern
'Student/Graduate' Cosmetologist
'Student/Graduate' Counselor
'Student/Graduate' Dance Therapist
'Student/Graduate' Dental Assistant
'Student/Graduate' Dental Hygienist
'Student/Graduate' Dental Laboratory Technician
'Student/Graduate' Diagnostic Medical Sonographer
'Student/Graduate' Dietitian
'Student/Graduate' Drug and Alcohol Counselor
'Student/Graduate' EEG Technician
'Student/Graduate' Enterostomal Therapist
'Student/Graduate' Geriatric Nursing Assistant
'Student/Graduate' Health Educators
'Student/Graduate' Hemodialysis Technician
'Student/Graduate' Histologic Technician
'Student/Graduate' Laboratory Aide
'Student/Graduate' Long Term Health Care Administration
'Student/Graduate' Marriage and Family Counselors
'Student/Graduate' Massage Therapist
'Student/Graduate' Medical Assistant
'Student/Graduate' Medical Administrative Assistant
'Student/Graduate' Medical Laboratory Technician
'Student/Graduate' Medical Technologist
'Student/Graduate' Medical Technical Assistant

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

Individual Students

Rating Rule Page

Effective 8-1-96

'Student/Graduate' Music Therapist
'Student/Graduate' Nuclear Medical Technologist
'Student/Graduate' Occupational Therapist
'Student/Graduate' Optometric Technician
'Student/Graduate' Optometrist
'Student/Graduate' Orthopedic Assistant
'Student/Graduate' Pastoral Counselors
'Student/Graduate' Personnel and/or Guidance Counselors
'Student/Graduate' Pharmacist
'Student/Graduate' Phlebotomist
'Student/Graduate' Psychiatric Technologist
'Student/Graduate' Radiologic Technologist
'Student/Graduate' Recreational Therapist
'Student/Graduate' Rehabilitation Assistant
'Student/Graduate' Respiratory Therapist
'Student/Graduate' Respiratory Therapy Technician
'Student/Graduate' Social Worker
'Student/Graduate' Surgical Technologist
'Student/Graduate' Ultrasound Technologist

Class II Rates

'Student/Graduate' LPN/LVN
'Student/Graduate' Nurses Aide
'Student/Graduate' Nursing Assistant
'Student/Graduate' Physical Therapist
'Student/Graduate' Physical Therapist Assistant
'Student/Graduate' Psychiatric Nurse
'Student/Graduate' Registered Nurse

Class III Rates

'Student/Graduate' Speech / Hearing Pathologist

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION

Student Blanket

Rating Rule Page

Effective 8-1-96

1. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:
 \$.49 or less shall be dropped;
 \$.50 or more shall be rounded to the next whole dollar.
2. The rates for the student specialties of circulation technician, emergency medical technician, paramedic, physician/surgeon assistant and nurse practitioner, are as follows:

Class I Rates

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000 / \$200,000	\$43.00
\$500,000 / \$500,000	\$50.00
\$1,000,000 / \$1,000,000	\$58.00
\$1,000,000 / \$3,000,000	\$61.00
\$2,000,000 / \$4,000,000	\$71.00

All other student specialties, eligible for this program, use the rates below;

Class II Rates

<u>Limit of Liability</u>	<u>Annual Rate</u>
\$200,000 / \$200,000	\$11.00
\$500,000 / \$500,000	\$13.00
\$1,000,000 / \$1,000,000	\$13.50
\$1,000,000 / \$3,000,000	\$14.50
\$2,000,000 / \$4,000,000	\$17.00

4. Multiply the applicable rate for each specialty by the number of students in that specialty. Add the preceding products.
5. **Modification Schedule**
Hazards vary with institution type, organization, professional disciplines taught, loss prevention activities, etc. To recognize the factors unique to the institution, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus 10% or minus 40%.

BY 1-1-96

**CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION**

Student Blanket

Rating Rule Page

Effective 8-1-96

A. Faculty Management (-10% to +0%)

A low turnover rate and the consistent maintenance of high standards in faculty procurement characterize the institution's faculty.

Criteria: Percentage of faculty members with one year or less tenure with the institution.

<u>Percentage of faculty</u>	<u>Modifier</u>
More than 10%	0%
6% - 10%	-5%
Less than 6%	-10%

B. Faculty Tenure (-10% to +0%)

The institution maintains an experienced and stable faculty through ongoing programs and employee practices.

Criteria: Average tenure of the faculty.

<u>Length of tenure</u>	<u>Modifier</u>
More than 20 years	-10%
16 - 20 years	-5%
Less than 16 years	0%

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION

Student Blanket

Rating Rule Page

Effective 8-1-96

C. Continuing Education (-10% to +0%)

The institution's professional faculty maintains a high level of expertise in its chosen profession through continuing professional education.

Criteria: Percentage of the institution's faculty engaged in continuing professional education.

<u>Percentage of faculty</u>	<u>Modifier</u>
More than 85%	-10%
70% - 85%	-5%
Less than 70%	0%

D. Loss experience (-10% to +10%)

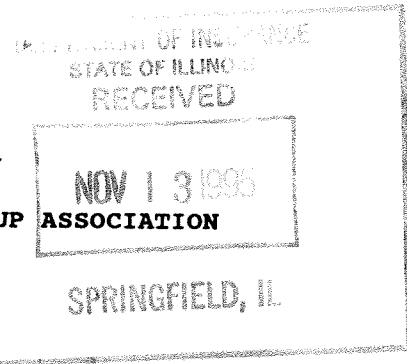
The institution has an excellent history of controlling losses.

Criteria: Loss experience as defined below.

<u>Experience</u>	<u>Modifier</u>
No losses in 36 or more months	-10%
No losses within a 12 - 24 month period	-5%
One loss of \$5,000 within the past 12 months	+5%
One or more losses in excess of \$5,000 in the past 24 months	+10%

For the purposes of this modification a loss is considered to be any situation that an insurance company has made payment or maintains a reserve upon.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING GUIDELINES



1. APPLICATION OF THESE RULES

These pages contain the rules and rates for writing professional liability for physical therapists, physical therapist assistants and student physical therapists.

2. PREMIUM COMPUTATION

The premium shall be computed by applying the appropriate rate per person to the total number of individuals who are named insureds, partners of an insured partnership, officers and shareholders of an insured professional corporation or employed professional of any named insured.

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down
- b. any amount involving \$.50 or more shall be rounded up

4. ADDITIONAL/RETURN PREMIUM

Prorate all changes requiring additional or return premium. Apply the rates and rules that were in effect at the inception date of the current policy period.

5. PART-TIME PRACTICE

A part-time rate will apply, if listed on the rate page, to professionals who work 20 hours or less per week.

6. MODIFICATION SCHEDULE

The hazards vary with the organization, loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus or minus 25%.

- a. Loss Control/Risk Management range -25% to 0
Based on attendance at an approved risk management seminar or loss control program within the facility. The modification is applied to the rateable owners and employee's premium.
- b. Claims Experience range -25% to +25%
The number of claims, severity of claims and type of claims for each individual and the risk as a whole.

7. OPTIONAL COVERAGES

The following optional coverages are only available to self-employed physical therapists and self-employed physical therapist assistants. Two limits are offered for these coverages. The limit of the optional coverage must equal the professional liability limit.

For Non-Owned Automobile coverage, a flat rate applies to insureds with 0 - 10 employees. For insureds with 11 or more employees the premium is calculated based on the rate shown multiplied by the total number of employees, including clerical.

<u>Coverage</u>	<u>Limit Options</u>	
	<u>500K/1M</u>	<u>1M/3M</u>
Additional Insureds		
Professional Liability only	110.	125.
Professional & General Liability	130.	150.
General Liability		
each owner/employee, including clerical	10.	11.
Non-Owned Automobile		
0 - 10 Employees (Flat Charge)	70.	80.
11 or more Employees (each employee)	7.	8.

8. For calculating headcount, where applicable, full time equivalents may be utilized for physical therapy groups. Full time is defined as 37.5 hours a week. The total number of part-time hours for each profession will be divided by 37.5 to determine the number of full time equivalents for that profession.

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
PROFESSIONAL LIABILITY RATES
COUNTRYWIDE

<u>PHYSICAL THERAPISTS</u>	<u>RATES PER PERSON</u>			
	<u>100K/300K</u>	<u>200K/600K</u>	<u>500K/1M</u>	<u>1M/3M</u>
Employed Physical Therapist	133.	141.	168.	198.
Employed PT Assistant	54.	57.	68.	80.
Self-Employed Physical Therapist				
• Full-Time	322.	341.	408.	480.
• Part-Time	192.	203.	243.	286.
Self-Employed PT Assistant				
• Full-Time	181.	192.	230.	270.
• Part-Time	84.	89.	107.	126.
Student	N/A	N/A	N/A	33.
<u>Employees of PT Firms</u>				
PT's, Athletic Trainers and Massage Therapists				
• Full-Time	133.	141.	168.	198.
• Part-Time	80.	85.	101.	119.
All Other Professional Employees	54.	57.	68.	80.

CHICAGO INSURANCE COMPANY
HEALTHCARE PURCHASING GROUP ASSOCIATION
PHYSICAL THERAPISTS PROGRAM
PROFESSIONAL LIABILITY RATES

<u>PHYSICAL THERAPISTS</u>	<u>Rates Per Person</u>				
	<u>200K/200K</u>	<u>500K/500K</u>	<u>1M/1M</u>	<u>1M/3M</u>	<u>2M/4M</u>
Self-Employed Physical Therapists					
Full-Time	173	206	225	239	279
Part-Time	74	89	95	101	118
Employed and Self-Employed (10 hours or less a week)	74	89	95	101	118
Employed and Self-Employed (More than 10 hours a week)	173	206	225	239	279
Self-Employed PT Assistant					
Full-Time	87	104	113	121	141
Part-Time	37	44	48	51	59
Employed and Self-Employed (10 hours or less a week)	37	44	48	51	59
Employed and Self-Employed (More than 10 hours a week)	87	104	113	121	141
Employees of Physical Therapists					
Physical Therapist	32	39	43	45	53
Physical Therapist Assistant	22	25	28	30	35
Nurse (Including Nurse's Aid)	22	25	28	30	35
Other Therapist	15	17	20	21	24
Optional Coverage					
Additional Insured	32	39	43	45	53

9/95 (Eff. 1/1/96)

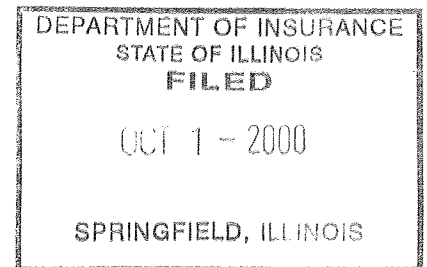
**CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS
PURCHASING GROUP ASSOCIATION
Rating Rule Manual
Physical Therapists**

14. An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts <u>Period</u>	Prepaid <u>Factor</u>
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

15. An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pay on an installment basis:

Prior Acts <u>Period</u>	Reporting Period Factors		
	Year 1	Year 2	Year 3
1 Year Prior	0.46	0.26	0.11
2 Years Prior	0.72	0.32	0.14
3 Years Prior	0.78	0.35	0.15
4+ Years Prior	0.81	0.35	0.15



CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
PHYSICAL THERAPISTS PROGRAM
RATING GUIDELINES

1. APPLICATION OF THESE RULES

These pages contain the rules and rates for writing professional liability for physical therapists and physical therapist assistants.

2. PREMIUM COMPUTATION

The premium shall be computed by applying the appropriate rate per person to the total number of individuals who are named insureds, partners of an insured partnership, officers and shareholders of an insured professional corporation or employed professional of any named insured.

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down
- b. any amount involving \$.50 or more shall be rounded up

4. ADDITIONAL/RETURN PREMIUM

Prorate all changes requiring additional or return premium. Apply the rates and rules that were in effect at the inception date of the current policy period.

5. PART-TIME PRACTICE

A part-time rate will apply, if listed on the rate page, to professionals who work 20 hours or less per week.

6. MODIFICATION SCHEDULE

The hazards vary with the organization, loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus or minus 25%.

- a. Loss Control/Risk Management range -25% to 0
Based on attendance at an approved risk management seminar or loss control program within the facility. The modification is applied to the rateable owners and employee's premium.
- b. Claims Experience range -25% to +25%
The number of claims, severity of claims and type of claims for each individual and the risk as a whole.

7. OPTIONAL COVERAGES

The following optional coverages are only available to self-employed physical therapists and self-employed physical therapist assistants. Two limits are offered for these coverages. The limit of the optional coverage must equal the professional liability limit.

For Non-Owned Automobile coverage, a flat rate applies to insureds with 0 - 10 employees. For insureds with 11 or more employees the premium is calculated based on the rate shown multiplied by the total number of employees, including clerical.

<u>Coverage</u>	<u>Limit Options</u>	
	<u>500K/1M</u>	<u>1M/3M</u>
Additional Insureds		
Professional Liability only	110.	125.
Professional & General Liability	130.	150.
General Liability		
each owner/employee, including clerical	10.	11.
Non-Owned Automobile		
0 - 10 Employees (Flat Charge)	70.	80.
11 or more Employees (each employee)	7.	8.

2005

CHICAGO INSURANCE COMPANY
 ALLIED HEALTH PURCHASING GROUP ASSOCIATION
 PHYSICAL THERAPISTS PROGRAM
 PROFESSIONAL LIABILITY RATES
 COUNTRYWIDE

<u>PHYSICAL THERAPISTS</u>	<u>RATES PER PERSON</u>			
	<u>100K/300K</u>	<u>200K/600K</u>	<u>500K/1M</u>	<u>1M/3M</u>
Employed Physical Therapist	133.	141.	168.	198.
Employed Physical Therapist Assistant	54.	57.	68.	80.
Self-Employed Physical Therapist				
• Full-Time	322.	341.	408.	480.
• Part-Time	192.	203.	243.	286.
Self-Employed PT Assistants				
• Full-Time	181.	192.	230.	270.
• Part-Time	84.	89.	107.	126.
<u>Employees of PT Firms</u>				
PT's, Athletic Trainers and Massage Therapists				
• Full-Time	133.	141.	168.	198.
• Part-Time	80.	85.	101.	119.
All Other Professional Employees	54.	57.	68.	80.

CHICAGO INSURANCE COMPANY

old!

ALLIED HEALTH PURCHASING GROUP ASSOCIATION
PHYSICAL THERAPISTS PROFESSIONAL LIABILITY RATES
COUNTRYWIDE

CATEGORY	RATES PER PERSON			
	100K/300K	200K/600K	500K/1M	1M/3M
Employed Physical Therapist	133.	141.	168.	198.
Employed PT Assistant	54.	57.	68.	80.
Self-Employed Physical Therapist				
Full-Time	322.	341.	408.	480.
Part-Time	192.	203.	243.	286.
Self-Employed PT Assistants				
Full-Time	181.	192.	230.	270.
Part-Time	84.	89.	107.	126.
Employees of PT Firms				
PT's, Athletic Trainers and Massage Therapists	133.	141.	168.	198.
General Duty Nurses	60.	63.	76.	89.
LPN's, LVN's, Aides, Assistants	46.	48.	58.	68.
Allied Health Tech's, Aides and PT Assistants	54.	57.	68.	80.
Miscellaneous Therapists	57.	60.	72.	85.
Rehab. Professionals	93.	99.	118.	139.

Added
part-
time
rate.

blended rate

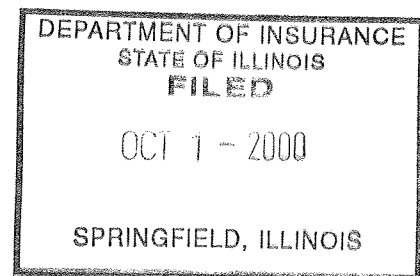
CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
Rating Rule Manual
Physical Therapists

14. An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pre-pay:

Prior Acts Period	Prepaid Factor
1 Year Prior	0.808
2 Years Prior	1.154
3 Years Prior	1.238
4+ Years Prior	1.263

15. An applicant currently insured on a claims-made policy wishing to convert to an occurrence policy may purchase prior acts coverage under the occurrence form using the following reporting period factors if they wish to pay on an installment basis:

Prior Acts Period	Reporting Period Factors		
	Year 1	Year 2	Year 3
1 Year Prior	0.46	0.26	0.11
2 Years Prior	0.72	0.32	0.14
3 Years Prior	0.78	0.35	0.15
4+ Years Prior	0.81	0.35	0.15



June, 1992

CHICAGO INSURANCE COMPANY

SOCIAL WORKERS

PROPOSED PREMIUM RATES - CLAIMS-MADE*

INDIVIDUAL-PARTNERSHIP

Limits of Liability	Professional Rate	Para-Professional Rate	Independent Contractors or Consultants Rate
\$200,000/\$200,000	\$51	\$34	\$19
\$500,000/\$500,000	\$59	\$40	\$22
\$1,000,000/\$1,000,000	\$69	\$46	\$26
\$1,000,000/\$3,000,000	\$72	\$49	\$27

CORPORATIONS

Corporate Entity Rate	Professional Rate	Para-Professional Rate	Independent Contractors or Consultants Rate
\$66	\$51	\$34	\$19
\$77	\$59	\$40	\$22
\$90	\$69	\$46	\$26
\$94	\$72	\$49	\$27

*NO PRIOR ACTS - THE FOLLOWING FACTORS MAY BE APPLIED TO THE ABOVE RATES:

- Step 1 - 1.00
- Step 2 - 1.50
- Step 3 - 1.83
- Step 4 - 2.17
- Step 5 - 2.50
- Step 6 - 2.67

RATES APPLY TO SOCIAL WORKERS AND TO ALL OTHER LICENSED PROFESSIONAL OCCUPATIONS WORKING WITH OR FOR SOCIAL WORKERS

CHICAGO INSURANCE COMPANY
HEALTHCARE PURCHASING GROUP ASSOCIATION
SOCIAL WORKERS PROGRAM
RATING GUIDELINES

1. PREMIUM COMPUTATION

The premium shall be computed by applying the appropriate rate per person to the total number of individuals who are named insureds, partners of an insured partnership, officers and shareholders of an insured professional corporation or employed professional of any named insured.

2. The step factors shown on the rate page shall be applied to the premium developed in #1 above for each year that a retrospective date is applied prior to the effective date of the current policy. For the purposes of applying this factor, round to the nearest year (i.e. if the retro date is 1 year and 8 months prior to the effective date of the subject policy, a step of 3 would be used).

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down
- b. any amount involving \$.50 or more shall be rounded up

4. INCREASED LIMIT OF LIABILITY

The factor of 0.17 is applied to the appropriate \$1,000,000 each incident, \$3,000,000 aggregate to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability.

5. MODIFICATION SCHEDULE

The hazards vary with the organization, loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium

otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus or minus 25%.

- a. Loss Control/Risk Management range -25% to 0
Based on attendance at an approved risk management seminar or loss control program within the facility. The modification is applied to the rateable owners and employee's premium.
- b. Claims Experience range -25% to +25%
The number of claims, severity of claims and type of claims for each individual and the risk as a whole.

6. ADDITIONAL INSURED

The limit of the Additional Insured coverage must equal the professional limit of liability. The rates are as follows:

<u>Coverage</u>	<u>200k/200k</u>	<u>500k/500k</u>	<u>1M/1M</u>	<u>1M/3M</u>
Additional Insureds	36	41	50	51

7. EXTENDED REPORTING PERIOD

The calculation for the Extended Reporting Period option is listed below.

- 90% of the full annual premium for a 12 month reporting period
- 135% of the full annual premium for a 24 month reporting period
- 150% of the full annual premium for a 36 month reporting period
- 175% of the full annual premium for a 60 month reporting period
- 200% of the full annual premium for a 96 month reporting period
- 225% of the full annual premium for an unlimited reporting period

RULES & RATES

CHICAGO INSURANCE COMPANY

**HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
PHYSICAL THERAPISTS PROFESSIONAL LIABILITY RATES
COUNTRYWIDE**

<u>CATEGORY</u>	<u>RATES PER PERSON</u>			
	<u>100K/300K</u>	<u>200K/600K</u>	<u>500K/1M</u>	<u>1M/3M</u>
Employed Physical Therapist	133.	141.	168.	198.
Employed PT Assistant	54.	57.	68.	80.
Self-Employed Physical Therapist				
Full-Time	322.	341.	408.	480.
Part-Time	192.	203.	243.	286.
Self-Employed PT Assistant				
Full-Time	181.	192.	230.	270.
Part-Time	84.	89.	107.	126.
Student	N/A	N/A	N/A	33.
Employees of PT Firms				
PT's, Athletic Trainers and Massage Therapists	133.	141.	168.	198.
General Duty Nurses	60.	63.	76.	89.
LPN's, LVN's, Aides, Assistants	46.	48.	58.	68.
Allied Health Tech's, Aides and PT Assistants	54.	57.	68.	80.
Miscellaneous Therapists	57.	60.	72.	85.
Rehab. Professionals	93.	99.	118.	139.

7. OPTIONAL COVERAGES

The following optional coverages are only available to self-employed physical therapists. Two limits are offered for these coverages. The "per incident" limit of the optional coverage must equal the "per incident" professional liability limit.

For Non-Owned Automobile coverage, a flat rate applies to insureds with 0 - 10 employees. For insureds with 11 or more employees the premium is calculated based on the rate shown multiplied by the total number of employees, including clerical.

<u>Coverage</u>	<u>Limit Options</u>	
	<u>500K/500K</u>	<u>1M/2M</u>
Extended Liability each employee, including clerical	10.	11.
Additional Insureds		
Professional Liability only	110.	125.
Extended Liability only	20.	25.
Professional & Extended Liability	130.	150.
	<u>500K/500K</u>	<u>1M/1M</u>
Non-Owned Automobile		
0 - 10 Employees (Flat Charge)	70.	80.
11 or more Employees (each employee)	7.	8.

8. PRIOR ACTS COVERAGE

- a. Professionals converting from prior coverage on a claims-made form may cover prior acts for a five (5) year reporting period.
- b. Prior acts coverage is available for non-interrupted claims-made terms immediately preceding attachment date of this coverage, subject to prior claims-made policy terms scheduled in the rates below.
- c. Premium for prior acts coverage is determined for each individual or entity by applying the factor, as shown below, to the annual professional liability premium for that individual or entity and is charged in addition to the professional liability premium.
- d. The premium for prior acts coverage is fully earned at inception.
- e. Rounding Rule: For claims-made periods of odd-terms, use the closest factor (i.e., 1 yr. 5 mos. round down to 1 yr.; 1 yr. 7 mos. round up to 2 yrs.).
- f. Rates:

<u>Prior Claims-Made Policy Periods</u>	<u>Rating Factor</u>
1 - 90 Days	.10
91 - 180 Days	.25
One Year	.50
Two Years	.75
Three Years	.85
Four Years (Maximum)	.90

Allied Health Purchasing Group
Physician Assistants
Professional Liability
Occurrence Rates - Per Individual (Full-Time)
(Limits in \$1,000)

Illinois

	<u>\$100/300</u>	<u>\$200/600</u>	<u>\$500/1000</u>	<u>\$1000/1000</u>	<u>\$1000/3000</u>
CLASS I					
Illinois-Cook County	900	1,126	1,539	1,845	1,907
Rest of State	531	656	909	1,088	1,126
CLASS II					
Illinois-Cook County	1,800	2,250	3,087	3,690	3,811
Rest of State	1,062	1,349	1,817	2,176	2,250
CLASS III					
Illinois-Cook County	2,218	2,700	3,704	4,427	4,577
Rest of State	1,274	1,619	2,181	2,611	2,700
CLASS IV - Students*					
Illinois-Cook County	72	90	N/A	148	N/A
Rest of State	43	58	N/A	91	N/A

Classes I, II, III and IV are defined on the Rating Rule Pages.

*The rates indicated are per each student and contemplate that those students are enrolled in an accredited physical therapy assistant educational program. Only full-time rates will be applicable.

Allied Health Purchasing Group
Physician Assistants-Professional Liability
Rating Rule Pages
Occurrence Form

1. The rates shown on the rate page apply per individual person insured under the policy.
2. Part-time rates apply to those physician assistants who work 16 hours or less per week. The rate shall be 50% of the full-time rate.
3. A credit of up to 25% based on the attendance at an approved Risk Management Seminar will be applied to the premium developed applicable to 1. or 2. above.
4. Rounding Rule: Premium rounding will be done at each step of the calculation and shall be rounded to the nearest whole dollar as follows:

\$.49 or less shall be dropped;

\$.50 or more shall be rounded to the next whole dollar.

5. Definitions of Rating Classes

Class I - A physician assistant who performs tasks ordinarily reserved for a physician and who works under the direction and supervision of a qualified licensed physician to assist that physician in the diagnostic management of patients.

Class II - A physician assistant who is involved in any of the following:

- Assisting in Surgery - Any exposure to an operating room other than for observation with GP/FP or General Surgeon.
- Assist in anesthesiology.
- Any exposure to Trauma/Emergency room procedures or responsibilities thereof (10 hours or less a week). (Does not include those PA's answering calls for "own patients".)
- OB exposure limited to prenatal or postnatal care.

CHICAGO INSURANCE COMPANY

Allied Health Purchasing Group
Physician Assistants-Professional Liability
Rating Rule Pages
Occurrence Form

Class III - A physician assistant who is involved in any of the following:

- Assisting in Surgery - Any exposure to operating room other than for observation with an Orthopedic Surgeon, OB/GYN Surgeon, Cardiovascular Surgeon, Thoracic Surgeon, Neurosurgeon, and/or Plastic Surgeon.
- Any exposure to Trauma/Emergency room procedures or responsibilities thereof (more than 10 hours a week).
- Exposure to OB including delivery room responsibilities.
- Exposure to cardiac catheterization lab.

Class IV - Any student enrolled in an accredited physician assistant educational program.

CHICAGO INSURANCE COMPANY

**ALLIED HEALTH PURCHASING GROUP ASSOCIATION
PHYSICAL THERAPISTS PROFESSIONAL LIABILITY RATES
COUNTRYWIDE**

<u>CATEGORY</u>	<u>RATES PER PERSON</u>			
	<u>100K/300K</u>	<u>200K/600K</u>	<u>500K/1M</u>	<u>1M/3M</u>
Employed Physical Therapist	133.	141.	168.	198.
Employed PT Assistant	54.	57.	68.	80.
Self-Employed Physical Therapist				
Full-Time	322.	341.	408.	480.
Part-Time	192.	203.	243.	286.
Self-Employed PT Assistants				
Full-Time	181.	192.	230.	270.
Part-Time	84.	89.	107.	126.
Employees of PT Firms				
PT's, Athletic Trainers and Massage Therapists	133.	141.	168.	198.
General Duty Nurses	60.	63.	76.	89.
LPN's, LVN's, Aides, Assistants	46.	48.	58.	68.
Allied Health Tech's, Aides and PT Assistants	54.	57.	68.	80.
Miscellaneous Therapists	57.	60.	72.	85.
Rehab. Professionals	93.	99.	118.	139.

Physical Therapists

ALLIED HEALTH PURCHASING GROUP ASSOCIATION

7. OPTIONAL COVERAGES

The following optional coverages are only available to self-employed physical therapists. Two limits are offered for these coverages. The "per incident" limit of the optional coverage must equal the "per incident" professional liability limit.

For Non-Owned Automobile coverage, a flat rate applies to insureds with 0 - 10 employees. For insureds with 11 or more employees the premium is calculated based on the rate shown multiplied by the total number of employees, including clerical.

<u>Coverage</u>	<u>Limit Options</u>	
	<u>500K/500K</u>	<u>1M/2M</u>
General Liability each employee, including clerical	10.	11.
Additional Insureds		
Professional Liability only	110.	125.
General Liability only	20.	25.
Professional & General Liability	130.	150.
	<u>500K/500K</u>	<u>1M/1M</u>
Non-Owned Automobile		
0 - 10 Employees (Flat Charge)	70.	80.
11 or more Employees (each employee)	7.	8.

8. PRIOR ACTS COVERAGE

- a. Professionals converting from prior coverage on a claims-made form may cover prior acts for a five (5) year reporting period.
- b. Prior acts coverage is available for non-interrupted claims-made terms immediately preceding attachment date of this coverage, subject to prior claims-made policy terms scheduled in the rates below.
- c. Premium for prior acts coverage is determined for each individual or entity by applying the factor, as shown below, to the annual professional liability premium for that individual or entity and is charged in addition to the professional liability premium.
- d. The premium for prior acts coverage is fully earned at inception.
- e. Rounding Rule: For claims-made periods of odd-terms, use the closest factor (i.e., 1 yr. 5 mos. round down to 1 yr.; 1 yr. 7 mos. round up to 2 yrs.).
- f. Rates:

<u>Prior Claims-Made Policy Periods</u>	<u>Rating Factor</u>
1 - 90 Days	.10
91 - 180 Days	.25
One Year	.50
Two Years	.75
Three Years	.85
Four Years (Maximum)	.90

**PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER ALLIED
HEALTH THERAPISTS**

OCTOBER 1993

	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>	<u>% CHANGE</u>
OCCUPATION					
PHARMACISTS					
Employed	100.	118.	134.	144.	same
Consulting-Self-Employed*	273.	317.	364.	388.	same
Consulting-Part Time S.E.*	132.	154.	176.	188.	same
* includes retail druggists					
REHABILITATION COUNSELORS					
Employed	84.	89.	116.	125.	same
Self-Employed	248.	256.	333.	356.	same
Part Time S.E.	142.	149.	194.	207.	same
Employee rates	85.	88.	114.	124.	same
SPEECH/HEARING THERAPISTS					
Employed	43.	50.	57.	79.	same
Self-Employed	78.	91.	105.	143.	same
Employee rates	28.	32.	36.	39.	same
ATHLETIC TRAINERS & MASSAGE THERAPISTS					
Employed	128.	148.	166.	176.	same
Self-Employed	617.	718.	806.	853.	same
Part Time S.E.	264.	306.	343.	363.	same
DENTAL HYGIENISTS					
Employed	50.	57.	62.	66.	same
Self-Employed	188.	219.	238.	252.	same
Part Time S.E.	84.	97.	105.	111.	same
OPTOMETRISTS					
Employed	80.	91.	105.	109.	same
Self-Employed	266.	313.	359.	380.	same
OPTICIANS					
	106.	125.	143.	151.	same

CHICAGO INSURANCE COMPANY

**PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER ALLIED
HEALTH THERAPISTS**

OCTOBER 1993

<u>OCCUPATION</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>	<u>CHANGE</u> 8
DIETITIAN					
Employed	54.	62.	72.	76.	same
Self-Employed	205.	239.	275.	283.	same
Part Time S.E.	91.	106.	121.	132.	same
Employee Rates	53.	62.	72.	77.	same
OCCUPATIONAL THERAPISTS					
Employed & Self-Employed					
10 hours or less per week	91.	106.	121.	132.	same
Employed & Self-Employed					
More than 10 hours per week	154.	179.	206.	212.	same
Self-Employed Only					
20 Hours or less per week	68.	80.	91.	99.	same
Self-Employed Only					
More than 20 hours per week	154.	179.	206.	212.	same
Employee Rates	53.	62.	72.	77.	same
Employed Rates	54.	62.	72.	76.	same
PHYSICAL THERAPIST EMPLOYEES OF NON-PHYSICAL THERAPY FIRMS					
	120.	137.	166.	176.	same
NURSE - GENERAL DUTY					
	57.	68.	72.	79.	same
SPORTS MEDICINE THERAPISTS					
Employed	227.	264.	297.	314.	same
Self-Employed	1,000.	1,164.	1,307.	1,383.	same
Employee Rates	205.	239.	268.	284.	same
OTHER ALLIED HEALTH					
Employed	58.	66.	71.	76.	same
Self-Employed	217.	252.	273.	289.	same
Part Time S.E.	96.	111.	120.	128.	same
Employee Rates	56.	66.	70.	75.	same

CHICAGO INSURANCE COMPANY

PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER ALLIED
HEALTH THERAPISTS

OCTOBER 1993

<u>OCCUPATION</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>1M/3M</u>	<u>% CHANGE</u>
PHARMACISTS (Eligible for Risk Management Credit)					
Employed	91.	107.	122.	131.	same
Consulting	248.	288.	331.	353.	same
Consulting-Part Time S.E.	120.	140.	160.	171.	same
ADDITIONAL INSUREDS (Each)					
Speech & Hearing	100.	118.	134.	142.	same
Sports Medicine	135.	159.	181.	192.	same
All Other Occupations	110.	129.	147.	156.	same

**PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER ALLIED
HEALTH THERAPISTS**

OCTOBER 1993

<u>GENERAL LIABILITY</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>⁸ CHANGE</u>
SPEECH & HEARING				
Each Additional Location	73.	83.	95.	same
	29.	33.	38.	same
OCCUPATIONAL THERAPISTS AND DIETICIANS				
Each Additional Location	107.	125.	144.	same
	44.	51.	58.	same
REHABILITATION COUNSELORS				
Each Additional Location	147.	174.	198.	same
	59.	69.	79.	same
DENTAL HYGIENISTS				
Each Additional Location	98.	116.	132.	same
	40.	46.	53.	same
SPORTS MEDICINE THERAPISTS				
Each Additional Location	134.	159.	182.	same
	54.	64.	73.	same
ALL OTHER OCCUPATIONS				
Each Additional Location	112.	133.	152.	same
	45.	53.	61.	same

CHICAGO INSURANCE COMPANY

PHARMACISTS, SPEECH & HEARING, REHABILITATION COUNSELORS,
OPTOMETRISTS, PHYSICAL THERAPISTS AND ALL OTHER ALLIED
HEALTH THERAPISTS

OCTOBER 1993

<u>NON-OWNED AUTO LIABILITY</u>	<u>200 CSL</u>	<u>500 CSL</u>	<u>1M CSL</u>	<u>% CHANGE</u>
SPEECH & HEARING				
Over 10 employees - submit to Company.	50.	57.	65.	same
OCCUPATIONAL THERAPISTS AND DIETICIANS				
Over 10 employees - rate per person.	74. 7.	86. 8.	99. 9.	same same
REHABILITATION COUNSELORS				
Over 10 employees - rate per person.	102. 10.	119. 11.	138. 13.	same same
DENTAL HYGIENISTS				
Over 10 employees - rate per person.	68. 7.	79. 8.	91. 9.	same same
SPORTS MEDICINE THERAPISTS				
Over 10 employees - submit to Company.	104.	121.	140.	same
ALL OTHER OCCUPATIONS				
Over 10 employees - rate per person.	78. 8.	91. 9.	105. 10.	same same

STUDENT PROFESSIONAL LIABILITY COVERAGE

October 1993

Individuals

POLICY FORM: 86 Professional Liability - Individuals Form POP 2004 (7/88)

ELIGIBILITY: Available to the Student Specialties listed in Section 3.2 C) 1. on pages 3 and 4 herein.

RATES: Only those Student Specialties listed in Section 3.2 c) 1. can be offered coverage, the following rates apply:

<u>Premium</u>	<u>Limit of Liability</u>
\$17-	\$ 200,000/200,000
\$19	\$ 500,000/500,000
\$23	\$1,000,000/1,000,000
\$35	\$1,000,000/3,000,000
\$33	\$1,000,000/3,000,000*

*This rate and limit is the only available rate and limit for student nurses and physical therapists.

Blanket Students

POLICY FORM: 80S Specified Medical Professions - Blankets
Forms PLP-2002 (11/87) DECLARATIONS
PLJ-2001 (7/88) Jacket

ELIGIBILITY: Available to the Student Specialties listed in Sections 3.2 c) 1. and 3.2 c) 2. on pages 3, 4 and 5 herein.

RATES: a) For those Student Specialties listed in Section 3.2 c) 1. of pages 3 and 4 herein the following rates apply per student:

<u>Premium</u>	<u>Limit of Liability</u>
\$14.50	\$1,000,000/3,000,000
\$13.50	\$1,000,000/1,000,000
\$13.00	\$ 500,000/500,000
\$11.00	\$ 200,000/200,000

b) For those student Specialties listed in Section 3.2 c) 2. on page 5 herein the following rates apply per student:

<u>Premium</u>	<u>Limit of Liability</u>
\$61-	\$1,000,000/3,000,000
\$58-	\$1,000,000/1,000,000
\$50-	\$ 500,000/500,000
\$43-	\$ 200,000/200,000

CHICAGO INSURANCE COMPANY

EXHIBIT A

PHYSICAL THERAPISTS PROFESSIONAL LIABILITY OCCURRENCE RATE COMPARISON CHICAGO INS. CO. VS. TRANSAMERICA INS. CO.

EMPLOYED	<u>1M/3M</u>			<u>1M/1M</u>		<u>500K/1M</u>		<u>500K/500K</u>		<u>200K/600K</u>		<u>200K/200K</u>		<u>100K/300K</u>	
	<u>CIC</u>	<u>TIC</u>	<u>TIC*</u>	<u>CIC</u>	<u>TIC</u>	<u>TIC</u>	<u>TIC*</u>	<u>CIC</u>	<u>TIC</u>	<u>TIC</u>	<u>TIC*</u>	<u>CIC</u>	<u>TIC</u>	<u>CIC</u>	<u>TIC</u>
	\$127	\$198	\$127	\$120	\$168	\$109	\$109	\$141	\$92	\$92	\$133				
<u>SELF-EMPLOYED</u>															
<u>FULL-TIME</u>	\$533	\$480	\$672	\$519	\$408	\$578	\$476	\$341	\$486	\$397	\$322				
<u>PART-TIME</u>	\$252	\$286	\$286	\$237	\$243	\$247	\$217	\$203	\$208	\$182	\$192				

* Applies to New York only

ALLIED HEALTH PURCHASING GROUP ASSOCIATION

CHICAGO INSURANCE COMPANYPHYSICAL THERAPISTS PROFESSIONAL LIABILITY RATES
COUNTRYWIDE

<u>CATEGORY</u>	<u>RATES PER PERSON</u>			
	<u>100K/300K</u>	<u>200K/600K</u>	<u>500K/1M</u>	<u>1M/3M</u>
Employed	133.	141.	168.	198.
Self-Employed				
Full-Time	322.	341.	408.	480.
Part-Time	192.	203.	243.	286.
Self-Employed PT Assistants				
Full-Time	214.	256.	280.	298.
Part-Time	91.	109.	119.	127.
Employees of PT Firms				
PT's, Athletic Trainers and Massage Therapists	133.	141.	168.	198.
General Duty Nurses	60.	63.	76.	89.
LPN's, LVN's, Aides, Assistants	46.	48.	58.	68.
Allied Health Tech's and Aides	54.	57.	68.	80.
Miscellaneous Therapists	57.	60.	72.	85.
Rehab. Professionals	93.	99.	118.	139.

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
RATING GUIDELINES

1. APPLICATION OF THESE RULES

These pages contain the rules and rates for writing professional liability for physical therapists.

2. PREMIUM COMPUTATION

The premium shall be computed by applying the appropriate rate per person to the total number of individuals who are named insureds, partners of an insured partnership, officers and shareholders of an insured professional corporation or employed professional of any named insured.

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down
- b. any amount involving \$.50 or more shall be rounded up

4. ADDITIONAL/RETURN PREMIUM

Prorate all changes requiring additional or return premium. Apply the rates and rules that were in effect at the inception date of the current policy period.

5. PART-TIME PRACTICE

A part-time rate will apply, if listed on the rate page, to professionals who work 16 hours or less per week.

6. MODIFICATION SCHEDULE

The hazards vary with the organization, loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus or minus 25%.

- a. Loss Control/Risk Management range -25% to 0
Based on attendance at an approved risk management seminar or loss control program within the facility. The modification is applied to the rateable owners and employee's premium.
- b. Claims Experience range -25% to +25%
The number of claims, severity of claims and type of claims for each individual and the risk as a whole.

7. OPTIONAL COVERAGES

The following optional coverages are only available to self-employed physical therapists. Two limits are offered for these coverages. The "per incident" limit of the optional coverage must equal the "per incident" professional liability limit.

For General Liability coverage and/or Non-Owned Automobile coverage, use the rates shown below. For insureds with 0 - 10 employees a flat charge applies. For insureds with 11 or more employees the premium is calculated based on the rate shown multiplied by the total number of employees, including clerical.

<u>Coverage</u>	<u>Limit Options</u>	
	<u>500K/500K</u>	<u>1M/1M</u>
General Liability		
0 - 10 Employees (Flat Charge)	100.	110.
11 or more Employees (each employee)	10.	11.
Non-Owned Automobile		
0 - 10 Employees (Flat Charge)	70.	80.
11 or more Employees (each employee)	7.	8.
Additional Insureds		
Professional Liability only	110.	125.
Extended Liability only	20.	25.
Professional & Extended Liability	130.	150.

8. PRIOR ACTS COVERAGE

- Professionals converting from prior coverage on a claims-made form may cover prior acts for a five (5) year reporting period.
- Prior acts coverage is available for non-interrupted claims-made terms immediately preceding attachment date of this coverage, subject to prior claims-made policy terms scheduled in the rates below.
- Premium for prior acts coverage is determined for each individual or entity by applying the factor, as shown below, to the annual professional liability premium for that individual or entity and is charged in addition to the professional liability premium.
- The premium for prior acts coverage is fully earned at inception.
- Rounding Rule: For claims-made periods of odd-terms, use the closest factor (i.e., 1 yr. 5 mos. round down to 1 yr.; 1 yr. 7 mos. round up to 2 yrs.).
- Rates:

<u>Prior Claims-Made Policy Periods</u>	<u>Rating Factor</u>
1 - 90 Days	.10
91 - 180 Days	.25
One Year	.50
Two Years	.75
Three Years	.85
Four Years (Maximum)	.90

INDIVIDUALS
PHYSICIST PROFESSIONAL LIABILITY

Claims-Made
 State of Illinois

Self-Employed/Consulting (with no Employees)

<u>\$100/\$300</u>	<u>\$200/\$200</u>	<u>\$500/\$500</u>	<u>\$1000/\$3000</u>
618	661	809	1,007

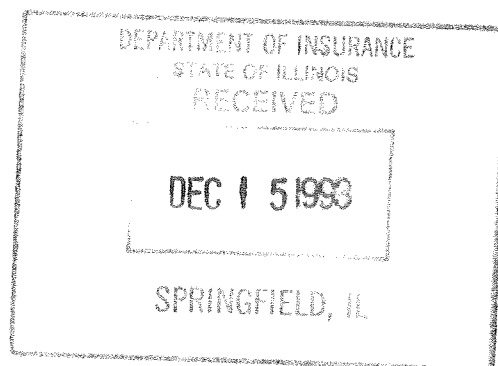
Fully Employed/Non-Consulting

<u>\$100/\$300</u>	<u>\$200/\$200</u>	<u>\$500/\$500</u>	<u>\$1000/\$3000</u>
325	348	426	530

Step Factors (Applied to the above mature Claims-made rates)

No Prior Acts	.60
1 Year Prior Acts	.80
2 Years Prior Acts	.90
3 Years Prior Acts	.95
4+ Years Prior Acts	1.00

(For purposes of applying the above factor, the nearest whole year will apply...i.e., 1 year, 8 months of Prior Acts coverage, a factor of .90 applies.)



CHICAGO INSURANCE COMPANY

GROUPS (MORE THAN 1 PROFESSIONAL)*
PHYSICIST PROFESSIONAL LIABILITY

Claims-Made

State of Illinois

Self-Employed/Consulting

<u>\$100/\$300</u>	<u>\$200/\$200</u>	<u>\$500/\$500</u>	<u>\$1000/\$3000</u>
618	661	809	1,007

Physicist Employees

<u>\$100/\$300</u>	<u>\$200/\$200</u>	<u>\$500/\$500</u>	<u>\$1000/\$3000</u>
325	348	426	530

Dosimetrists and Physics Assistants

<u>\$100/\$300</u>	<u>\$200/\$200</u>	<u>\$500/\$500</u>	<u>\$1000/\$3000</u>
49	56	60	65

All Others - Submit to Company

Step Factors (Applied to the above mature Claims-made rates)

No Prior Acts	.60
1 Year Prior Acts	.80
2 Years Prior Acts	.90
3 Years Prior Acts	.95
4+ Years Prior Acts	1.00

(For purposes of applying the above factor, the nearest whole year will apply...i.e., 1 year, 8 months of Prior Acts coverage, a factor of .90 applies.)

Shielding Design Property Damage Liability - Flat Charge

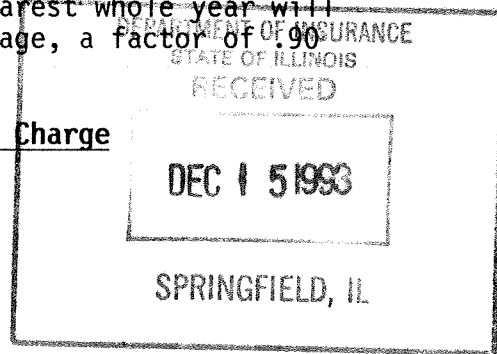
<u>Limit</u>	<u>Premium</u>
\$50,000	200
\$100,000	250

Additional Insureds - Flat Charge

	<u>\$100/\$300</u>	<u>\$200/\$200</u>	<u>\$500/\$500</u>	<u>\$1000/\$3000</u>
Each	103	110	129	156

*The company will quote all group practices.

CHICAGO INSURANCE COMPANY



SUPPLEMENTAL RATING PAGE

EXTENDED REPORTING PERIOD

In such cases where the insured shall have the right to have an endorsement issued extending the reporting period of claims under this policy, the additional premium for such extension shall be:

<u>Extension</u>	<u>Rating Factor *</u>
(1) to a period of twelve (12) months	90%
(2) to a period of twenty-four (24) months	135%
(3) to a period of thirty-six (36) months	150%
(4) to a period of sixty (60) months	175%
(5) to a period of ninety-six (96) months	200%
(6) to an unlimited period	225%

following the effective date of such cancellation or nonrenewal.

* as a percentage of the full annual premium for this policy

Supplemental Rating --- Retiree Provision

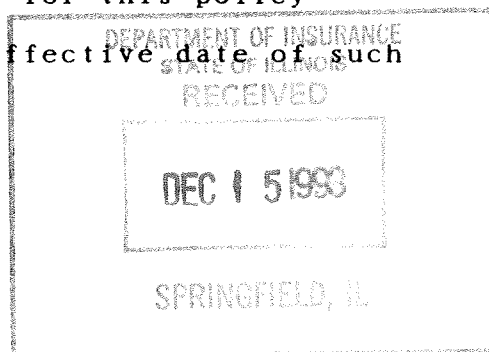
In such situations where the named insured is:

1. a sole proprietor, and cancelled or failed to renew this policy due to retirement from active business; or
2. a partnership, and cancelled or failed to renew this policy due to dissolution of the partnership

where the insured shall have the right to have an endorsement issued extending the reporting period of claims under this policy, the additional premium for such extension shall be

225% of the full annual premium for this policy

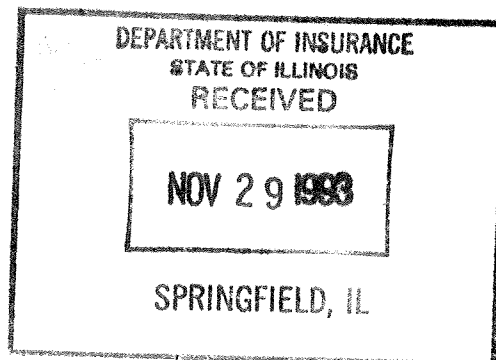
to an unlimited period following the effective date of such cancellation or nonrenewal.



CHICAGO INSURANCE COMPANY

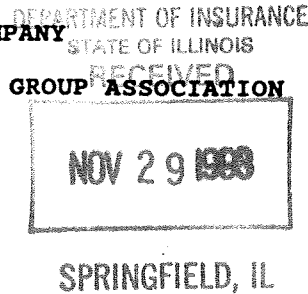
**PHYSICAL THERAPISTS PROFESSIONAL LIABILITY RATES
COUNTRYWIDE**

<u>CATEGORY</u>	<u>RATES PER PERSON</u>			
	<u>100K/300K</u>	<u>200K/600K</u>	<u>500K/1M</u>	<u>1M/3M</u>
Employed	133.	141.	168.	198.
Self-Employed				
Full-Time	322.	341.	408.	480.
Part-Time	192.	203.	243.	286.
Student	N/A	N/A	N/A	33.
Employees of PT Firms				
PT's, Athletic Trainers and Massage Therapists	133.	141.	168.	198.
General Duty Nurses	60.	63.	76.	89.
LPN's, LVN's, Aides, Assistants	46.	48.	58.	68.
Allied Health Tech's and Aides	54.	57.	68.	80.
Miscellaneous Therapists	57.	60.	72.	85.
Rehab. Professionals	93.	99.	118.	139.



OCT 1993

CHICAGO INSURANCE COMPANY
HEALTH CARE PROFESSIONS PURCHASING GROUP ASSOCIATION
RATING GUIDELINES



1. APPLICATION OF THESE RULES

These pages contain the rules and rates for writing professional liability for physical therapists and student physical therapists.

2. PREMIUM COMPUTATION

The premium shall be computed by applying the appropriate rate per person to the total number of individuals who are named insureds, partners of an insured partnership, officers and shareholders of an insured professional corporation or employed professional of any named insured.

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down
- b. any amount involving \$.50 or more shall be rounded up

4. ADDITIONAL/RETURN PREMIUM

Prorate all changes requiring additional or return premium. Apply the rates and rules that were in effect at the inception date of the current policy period.

5. PART-TIME PRACTICE

A part-time rate will apply, if listed on the rate page, to professionals who work 16 hours or less per week.

6. MODIFICATION SCHEDULE

The hazards vary with the organization, loss prevention activities, professional liability claim experience, professional services rendered, etc. To recognize the factors peculiar to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus or minus 25%.

- a. Loss Control/Risk Management range -25% to 0
Based on attendance at an approved risk management seminar or loss control program within the facility. The modification is applied to the rateable owners and employee's premium.
- b. Claims Experience range -25% to +25%
The number of claims, severity of claims and type of claims for each individual and the risk as a whole.

NOV 29 1988

7. OPTIONAL COVERAGES

The following optional coverages are only available to self-employed physical therapists. Two limits are offered for these coverages. The "per incident" limit of the optional coverage must equal the "per incident" professional liability limit.

For Extended Liability coverage and/or Non-Owned Automobile coverage, use the rates shown below. For insureds with 0 - 10 employees a flat charge applies. For insureds with 11 or more employees the premium is calculated based on the rate shown multiplied by the total number of employees, including clerical.

<u>Coverage</u>	<u>Limit Options</u>	
	<u>500K/500K</u>	<u>1M/1M</u>
Extended Liability		
0 - 10 Employees (Flat Charge)	100.	110.
11 or more Employees (each employee)	10.	11.
Non-Owned Automobile		
0 - 10 Employees (Flat Charge)	70.	80.
11 or more Employees (each employee)	7.	8.
Additional Insureds		
Professional Liability only	110.	125.
Extended Liability only	20.	25.
Professional & Extended Liability	130.	150.

8. PRIOR ACTS COVERAGE

- Professionals converting from prior coverage on a claims-made form may cover prior acts for a five (5) year reporting period.
- Prior acts coverage is available for non-interrupted claims-made terms immediately preceding attachment date of this coverage, subject to prior claims-made policy terms scheduled in the rates below.
- Premium for prior acts coverage is determined for each individual or entity by applying the factor, as shown below, to the annual professional liability premium for that individual or entity and is charged in addition to the professional liability premium.
- The premium for prior acts coverage is fully earned at inception.
- Rounding Rule:** For claims-made periods of odd-terms, use the closest factor (i.e., 1 yr. 5 mos. round down to 1 yr.; 1 yr. 7 mos. round up to 2 yrs.).
- Rates:**

<u>Prior Claims-Made Policy Periods</u>	<u>Rating Factor</u>
1 - 90 Days	.10
91 - 180 Days	.25
One Year	.50
Two Years	.75
Three Years	.85
Four Years (Maximum)	.90

JUN 1993

ALLIED HEALTH PURCHASING GROUP ASSOCIATION
PROPOSED RATES

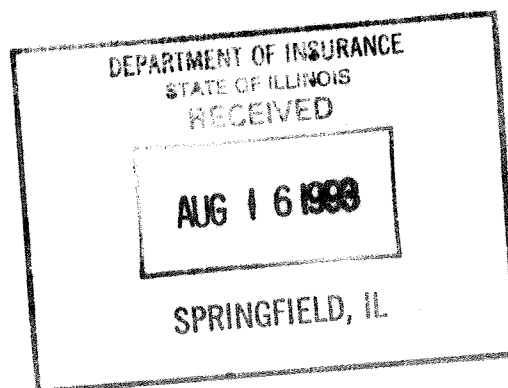
ILLINOIS

Occurrence Coverage - Annual Rates
INDIVIDUAL POLICY - EMPLOYED ONLY

	Limits Each Incident/Aggregate			
	<u>1M/3M</u>	<u>1M/1M</u>	<u>500K/500K</u>	<u>200K/200K</u>
Employed School Counselor K-12	\$225	\$205	\$145	\$115
Employed Counselor	240	215	155	125
Student	35	23	19	17

Rate Modification Factor(s) - Do not apply to the Student Category

- Attendance at the ACA Risk Management Workshop - 10% Credit
(Applicant must have attended within the previous sixteen (16) months to qualify)
- Part-Time Status - 25% Credit
(Applicant must work fifteen (15) hours per week or less to qualify)



CHICAGO INSURANCE COMPANY

MODIFICATION FACTORS - OCCURRENCE POLICY
SELF-EMPLOYED PHYSICAL THERAPISTS
(INDIVIDUALS AND FIRMS)
ALLIED HEALTH PURCHASING GROUP

1. SIZE OF FIRM CREDIT

<u>TOTAL STAFF</u>	<u>CREDIT MULTIPLIER</u>
1-09	1.00
10-24	.95
25-49	.90
50-99	.85
100 or more	REFER

Any applicant with 25 or more employees must be referred to the Company Underwriter.

2. CLAIMS EXPERIENCE MODIFICATION FACTOR

A debit or credit will be applied to the Professional Liability premium based on the individual loss experience of the submission. The schedule below will only be applied to submissions with more than 3 claims and/or \$50,000 incurred loss(es) reported in the past 5 years.

<u>Number of Principles and Professional Employees</u>	<u>4 or More Claims/ Incurred Loss(es) Over \$50,000 in Past 5 Years</u>
1- 20	+15%
21- 75	+10%
76-125	+ 5%
126 or More	Refer

3. LOSS PREVENTION/RISK MANAGEMENT CREDIT

A credit of up to 25% will be applied to the Professional Liability premium based on the attendance at an approved Risk Management Seminar.

CHICAGO INSURANCE COMPANY

NOV 19 1992

MODIFICATION FACTORS - OCCURRENCE POLICY
(continued)

4. DEDUCTIBLE CREDITS

<u>DEDUCTIBLE</u>	<u>CREDIT MULTIPLIER</u>
-0-	1.00
\$1,000	.95
\$2,500	.925
\$5,000	.90

Deductibles are only available for firms of 10 or more professionals.

Upon referral, the following deductibles are available:

<u>DEDUCTIBLE</u>	<u>CREDIT MULTIPLIER</u>
\$10,000	.825
\$25,000	.700

We would anticipate use only 2-3 times per year. The multipliers were based upon competitor's filed information.

5. AGGREGATE LIMITS

The following increase limits factor will be applied to the \$1,000,000/\$1,000,000 limits premium for the corresponding increased aggregate:

\$1,000,000/\$2,000,000	- 1.07
\$1,000,000/\$3,000,000	- 1.12
\$1,000,000/\$4,000,000	- 1.165
\$1,000,000/\$5,000,000	- 1.20

CHICAGO INSURANCE COMPANY

NOV 19 1992

ALLIED HEALTH PURCHASING GROUP ASSOCIATION

CHICAGO INSURANCE COMPANY

RATING RULE

The following factor is applied to the appropriate \$1,000,000 per occurrence or incident premium to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability:

0.17

January 1995

MAR 1 - 1995

**AMERICAN HEALTH CARE PROFESSIONS
PURCHASING GROUP ASSOCIATION**

CHICAGO INSURANCE COMPANY

RATING RULE

The following factor is applied to the appropriate \$1,000,000 per occurrence or incident premium to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability:

0.17

January 1995

MAR 1 1995
OF THE CITY OF CHICAGO

ANA/SNA PURCHASING GROUP
CHICAGO INSURANCE COMPANY

RATING RULE

The following factor is applied to the appropriate \$1,000,000 per occurrence or incident premium to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability:

0.17

January 1995

MAR 1 - 1995

HEALTH CARE PROFESSIONS PURCHASING GROUP

CHICAGO INSURANCE COMPANY

RATING RULE

The following factor is applied to the appropriate \$1,000,000 per occurrence or incident premium to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability:

0.17

January 1995

MAR 1 - 1995

HEALTHCARE PURCHASING GROUP ASSOCIATION

CHICAGO INSURANCE COMPANY

RATING RULE

The following factor is applied to the appropriate \$1,000,000 per occurrence or incident premium to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability:

0.17

January 1995

MAR 1 -- 1995

**MEDICAL RELATED PROFESSIONAL SERVICES
PURCHASING GROUP ASSOCIATION**

CHICAGO INSURANCE COMPANY

RATING RULE

The following factor is applied to the appropriate \$1,000,000 per occurrence or incident premium to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability:

0.17

January 1995

8/23/95 - 10/95

NATIONAL NURSES PURCHASING GROUP ASSOCIATION

CHICAGO INSURANCE COMPANY

RATING RULE

The following factor is applied to the appropriate \$1,000,000 per occurrence or incident premium to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability:

0.17

January 1995

MAR 1 - 1995

PROFESSIONAL NURSING ORGANIZATIONS PURCHASING GROUP

CHICAGO INSURANCE COMPANY

RATING RULE

The following factor is applied to the appropriate \$1,000,000 per occurrence or incident premium to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability:

0.17

January 1995

REV 1 1995

PSYCHOLOGISTS PURCHASING GROUP

CHICAGO INSURANCE COMPANY

RATING RULE

The following factor is applied to the appropriate \$1,000,000 per occurrence or incident premium to determine the additional premium for a \$1,000,000/\$1,000,000 excess limit of liability:

0.17

January 1995

CHICAGO INSURANCE COMPANY
MEDICAL RELATED PROFESSIONAL SERVICES
PURCHASING GROUP

MEDICAL RELATED FACILITIES

GENERAL RULES

1. APPLICATION OF THESE RULES

These pages contain the rules and rates for writing professional and general liability insurance for Medical-Related Facilities, Nursing Homes, Home Health Care, In-Home Day Care, and Employees/Members of specified organizations.

2. PREMIUM COMPUTATION

Premium computations for various insured types are specified on the pages that follow.

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down
- b. any amount involving \$.50 or more shall be rounded up

4. ADDITIONAL/RETURN PREMIUM

Prorate all changes requiring additional or return premium. Apply the rates and rules that were in effect at the inception date of the current policy period.

5. SIZE OF FIRM

If the named insured is a group, corporation or self-employed with employees, a premium credit may be applied where applicable to the developed premium as set forth in the premium computation tables to follow.

CHICAGO INSURANCE COMPANY -- MEDICAL RELATED FACILITIES
GENERAL RULES -- CONTINUED

6. RISK MANAGEMENT

A credit will apply for the attendance at an accredited Risk Management Workshop or recognized risk management self-study course. A credit of 10% is applied to the professional liability premium for two years. For facilities, at least half of the professional staff must have participated in a risk management activity within the previous sixteen months to qualify for this credit.

7. MODIFICATION SCHEDULE

The hazards vary with the facility type, organization, loss prevention activities, professional services rendered, etc. To recognize the factors unique to the insured's practice, the underwriter may apply a modification factor to the premium otherwise developed based on the overall evaluation of the risk. The maximum modification shall be plus or minus 40%, unless statutorily limited.

a. Loss Control/Risk Management (-10% to +10%)

Based on the implementation and maintenance of a loss control program with the facility.

b. Accreditation (-10% to +10%)

The facility is accredited by the governing regulatory body or professional organization which has recognized standards for the respective operation.

c. Continuing Education (-10% to +10%)

Facility imposes ongoing continuing professional education and staff development criteria.

d. Management (-15% to +15%)

Facility management is stable, experienced and has maintained consistently high standards in employment procurement and practices.

e. Unusual Risk Characteristics (-25% to +25%)

Recognizes significant characteristics that are either above or below those generally accepted in the industry.

**CHICAGO INSURANCE COMPANY -- MEDICAL RELATED FACILITIES
GENERAL RULES -- CONTINUED**

8. MULTIPLE FACILITY DISCOUNT RULE

In the event that multiple facilities are insured under one policy with a shared limit of liability, the following credit schedule applies:

<u>Number of Facilities</u>	<u>Credit</u>
1-2	0%
3-5	10%
6-10	20%
11 or more	<i>Refer to Company</i>

9. AGGREGATE LOCATION SURCHARGE RULE

In the event multiple facilities are insured under one policy and a separate aggregate is applicable to each location, the following debit schedule applies:

<u>Number of Facilities</u>	<u>Debit</u>
1	0%
2-3	5%
4-6	10%
7-10	15%
11 or more	<i>Refer to Company</i>

10. CLAIMS-MADE RULES

Claims-Made Factors

If Claims-made coverage is requested, the following factors apply to the occurrence premium developed for professional liability coverage:

<u>Years of Prior Acts</u>	<u>Factor</u>
None	.35
One	.60
Two	.75
Three	.80
Four or more	.85

CHICAGO INSURANCE COMPANY
MEDICAL RELATED PROFESSIONAL SERVICE
PURCHASING GROUP ASSOCIATION

MEDICAL RELATED FACILITIES
INCLUDING
DRUG AND ALCOHOL REHABILITATION FACILITIES
HALFWAY HOMES / HOSPICES
MISCELLANEOUS MEDICAL FACILITIES
SOCIAL SERVICE AGENCIES

COUNTRYWIDE

1. PROFESSIONAL / GENERAL LIABILITY RATES

Rates are based on the number and type of professionals working at the facility and presume limits of \$1,000,000 (per occurrence) and \$1,000,000 (policy aggregate).

<u>PROFESSIONAL DESIGNATION</u>	<u>RATE</u>
Counselors (<i>non-certified</i>)	\$ 412
Counselors (<i>certified</i>)	330
Psychologists	1,271
Physical Therapists	166
Occupational Therapists	206
Dieticians/Nutritionists	72
Massage Therapists	183
Speech and Hearing	57
Social Workers	195
Nurses	78
Nurses Aids	60
Homemakers	132
Respiratory Therapists	75
Clerical	43
Volunteers (<i>non-medical</i>)	25
Physicians Assistant	1,088
Surgeon Assistants	2,611
Nurse Practitioners	370

(Continued)

MEDICAL RELATED FACILITIES -- COUNTRYWIDE RATES
CHICAGO INSURANCE COMPANY

PROFESSIONAL / GENERAL LIABILITY RATES -- continued

<u>PROFESSIONAL DESIGNATION</u>	<u>RATE</u>
Administrators/Directors/Coordinators	\$125
Educators/Teachers	\$125
Family Day Care Providers (per family)	\$125
Medical Office Assistant	\$248
Medical Records Professional/Technician	\$248
Pharmacists	\$221
Residence Managers	\$338
Respite Care Providers	\$338

2. Increased/Decreased Limit Factors

<u>Limits of Liability</u>	<u>Factor</u>
\$200,000/\$200,000	.70
\$500,000/\$500,000	.85
\$1,000,000/\$1,000,000	1.00
\$1,000,000/\$2,000,000	1.07
\$1,000,000/\$3,000,000	1.12

3. Location Surcharge

A surcharge of 10% will apply to risks located in the following locations:

- A. California - Alameda, Los Angeles, Orange, San Francisco, and San Mateo counties.**
- B. Florida - Dade, Broward & Palm Beach Counties**
- C. Hawaii - All**
- D. Illinois - Cook County**
- E. Michigan - Detroit Metro**
- F. New York - Nassau, New York City, Suffolk, and Westchester Counties**
- G. Dallas - Dallas, Harris and Tarrant Counties**

MEDICAL RELATED FACILITIES -- COUNTRYWIDE RATES
CHICAGO INSURANCE COMPANY

4. GENERAL LIABILITY

When General Liability coverage is requested, the rate will be determined by the ISO loss costs for the appropriate ISO Class Code in the state of risk location, multiplied by a factor of 1.39. (Not applicable in California). Non-Owned automobile coverage can be provided for an additional charge of 15% of the developed General Liability premium.

5. CLAIMS EXPERIENCE MODIFICATION FACTOR

A debit or credit of up to 25% will be applied to the combined professional and general premium based on the individual loss experience of the submission. The criteria used in the application of the modification factor are:

- a. Number of Claims (Frequency)
- b. Claim severity
- c. Type of Claim Allegation

The above will be considered as a function of the number of employees and volunteers working during a policy term.

6. ADDITIONAL INSURED CHARGES

<u>Policy Limits of Liability</u>	<u>Charge Per Each Additional Insured</u>
\$100,000/\$300,000	\$120
\$500,000/\$500,000	\$129
\$1,000,000/\$1,000,000	\$147
\$1,000,000/\$2,000,000	\$157
\$1,000,000/\$3,000,000	\$165

**CHICAGO INSURANCE COMPANY -- MEDICAL RELATED FACILITIES
GENERAL RULES -- CONTINUED**

10. CLAIMS-MADE RULES -- CONTINUED

Extended Reporting Endorsement Options

Extended reporting period options are available subject to the **CONDITIONS** stated in the applicable policy form.

11. DEDUCTIBLE CREDITS

<u>Deductible Amount</u>	<u>Premium Credit Factor</u>
\$ 5,000	.90
\$10,000	.825
\$25,000	.70
Over \$25,000	<i>Refer to Company</i>

12. MINIMUM PREMIUM RULE--PROFESSIONAL LIABILITY

<u>Occurrence Policies</u>	<u>Claims-Made Policies</u>
\$2,500	First Year: \$1,000
	Second Year: \$1,500
	Third Year: \$1,875
	Fourth Year: \$2,000
	Fifth Year: \$2,200

13. MINIMUM PREMIUM RULE--GENERAL LIABILITY

<u>Limits of Liability</u>	<u>Minimum Premium</u>
\$200,000/\$200,000	\$1,000
\$500,000/\$500,000	\$1,250
\$1,000,000/\$1,000,000	\$1,300
\$1,000,000/\$2,000,000	\$1,350
\$1,000,000/\$3,000,000	\$1,500

CHICAGO INSURANCE COMPANY

**MEDICAL RELATED PROFESSIONAL SERVICE
PURCHASING GROUP**

MEDICAL RELATED FACILITIES

PROFESSIONAL/GENERAL LIABILITY RATES

COUNTRYWIDE

DIALYSIS CENTERS

1. Rates are based on the number of treatments and presume limits of \$1,000,000 per occurrence, \$1,000,000 policy aggregate.

a. Rate Per Treatment: **\$1.50**

b. Increased / Decreased Limit Factors:

<u>Limits of Liability</u>	<u>Factor</u>
\$200,000/\$200,000	.70
\$500,000/\$500,000	.85
\$1,000,000/\$1,000,000	1.00
\$1,000,000/\$2,000,000	1.07
\$1,000,000/\$3,000,000	1.12

c. Location Surcharge:

A location surcharge of 10% will apply to risks located in the following locations:

- California Alameda, Los Angeles, Orange, San Francisco and San Mateo Counties
- Florida Broward, Dade & Palm Beach Counties
- Hawaii All areas
- Illinois Cook County
- Michigan Detroit Metro
- New York Nassau, New York, Suffolk and Westchester Counties
- Texas Dallas, Harris and Tarrant Counties

DIALYSIS CENTERS -- COUNTRYWIDE
CHICAGO INSURANCE COMPANY

2. GENERAL LIABILITY

When General Liability coverage is requested, the rate will be determined by the ISO loss costs for Class Code 44421 in the state of risk location, multiplied by a factor of 1.39. (Not applicable in California).

3. CLAIMS EXPERIENCE MODIFICATIONS FACTOR

A debit or credit of up to 25% will be applied to the combined professional and general premium based on the individual loss experience of the submission. The criteria used in the application of the modification factor are:

- a. Number of Claims (Frequency)
- b. Claim severity
- c. Type of Claim Allegation

4. ADDITIONAL INSURED CHARGES

<u>Policy Limits of Liability</u>	<u>Charge Per Each Additional Insured</u>
\$100,000/\$300,000	\$120
\$500,000/\$500,000	\$129
\$1,000,000/\$1,000,000	\$147
\$1,000,000/\$2,000,000	\$157
\$1,000,000/\$3,000,000	\$165

CHICAGO INSURANCE COMPANY

**MEDICAL RELATED PROFESSIONAL SERVICE
PURCHASING GROUP**

MEDICAL RELATED FACILITIES

PROFESSIONAL/GENERAL LIABILITY RATES

MEDICAL TESTING LABORATORIES--COUNTRYWIDE

1. The Professional Liability rates for Medical Testing Laboratories are as follows:

a.		\$25,000/\$75,000
	<u>CATEGORY</u>	<u>PER \$1,000 RECEIPTS</u>
	Imaging Laboratories	\$2.10
	Drug Testing Laboratories	\$5.60
	All Other Laboratories	\$2.80

- b. INCREASED / DECREASED LIMITS OF LIABILITY

<u>Limits of Liability</u>	<u>Factor</u>
\$100,000/\$300,000	1.68
\$200,000/\$600,000	2.18
\$300,000/\$300,000	2.32
\$500,000/\$500,000	2.86
\$1,000,000/\$1,000,000	3.89
\$1,000,000/\$2,000,000	3.96
\$1,000,000/\$3,000,000	4.01

- c. Location Surcharge

A location surcharge of 30% will apply to risks located in the following locations:

- California Alameda, Los Angeles, Orange, San Francisco and San Mateo Counties
- Florida Broward, Dade & Palm Beach Counties
- Hawaii All areas
- Illinois Cook County
- Michigan Detroit Metro
- New York Nassau, Newark, Suffolk and Westchester counties
- Texas Dallas, Harris, and Tarrant

MEDICAL TESTING LABORATORIES--COUNTRYWIDE RATES
CHICAGO INSURANCE COMPANY

2. GENERAL LIABILITY

General Liability coverage is optional. The rate is determined by the ISO loss costs for code 80715 in the state of risk location, multiplied by a factor of 1.39.

Non-Owned Auto Liability coverage is available. The rate is 15% of the General Liability policy premium. Coverage is not available on Claims-Made policies.

3. CLAIM SURCHARGE TABLE

One Claim paid or reserved less than \$5,000	10% Surcharge
One Claim paid or reserved \$5,001 to \$20,000	20% Surcharge
One Claim paid or reserved in excess of \$20,000	Refer to Company
Two Claims paid or reserved totaling \$10,000 or less	15% Surcharge
Two Claims paid or reserved totaling \$10,000 to \$25,000	28% Surcharge
Two Claims paid in excess of \$25,000	Refer to Company

CHICAGO INSURANCE COMPANY
MEDICAL RELATED PROFESSIONAL SERVICE
PURCHASING GROUP

IN-HOME DAY CARE PROVIDERS

PROFESSIONAL/GENERAL RATES

ILLINOIS

	<u>1-8 CHILDREN</u>	<u>9-12 CHILDREN</u>
Territory 1	\$325	\$450
Territory 2	\$275	\$375
Swimming Pool/Wading Pool --	\$500 Flat Charge	
Spa/Jacuzzi --	\$250 Flat Charge	

Territory 1 - Cook, Lake, DuPage, Kane and Will Counties
Territory 2 - Remainder of State

Increased/Decreased Limits Factors

\$1,000,000/\$3,000,000 1.12
\$1,000,000/\$2,000,000 1.07

CHICAGO INSURANCE COMPANY

Nursing Home Professional Liability
State Rate PageILLINOISBase Rate \$1,000,000/\$3,000,000 Combined Single Limit
Professional / General Liability

COOK CO. \$366 Per Occupied Bed

REMAINDER OF STATE \$183 Per Occupied Bed

Class RelativesDecreased Limit Factors

Extensive Care	1.13
Skilled Care	1.00
Intermediate Care	0.60
Residential Care	0.45
Independent Living	0.36

\$200K/200K = .63
\$500K/500K = .76
\$1MM/1MM = .89
\$1MM/2MM = .96

Non-Owned Auto: Subject to home Office Underwriting approval, rate up to 15% of total developed premium.

MONO LINE GENERAL LIABILITY RATES

Cook County	\$37.00 per occupied bed
Remainder of State	\$18.00 per occupied bed

CLASS RELATIVITIESDECREASED LIMITS FACTORS

Extensive Care	1.00
Skilled Care	1.00
Intermediate Care	1.20
Residential Care	1.85

Option 5	1.00
Option 4	0.96
Option 3	0.89
Option 2	0.76
Option 1	0.63

CHICAGO INSURANCE COMPANY
MEDICAL RELATED PROFESSIONAL SERVICES
PURCHASING GROUP

MEDICAL RELATED FACILITIES

COUNTRYWIDE

NURSING HOMES

1. PROFESSIONAL/GENERAL LIABILITY RATING

Rating is based on the average bed occupancy during the policy period.
See specific state rate page for applicable rates.

2. CLAIM CREDIT AND SURCHARGE TABLE

A claim credit or debit is to be applied to nursing home policies in accordance with the table outlined below:

NUMBER OF CLAIMS

<u>NUMBER OF BEDS</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>OVER 2</u>
1-9	(5)	5	20	Refer to Co.
10-49	(10)	0	10	Refer to Co.
50-100	(15)	(15)	5	Refer to Co.
100 or more	(Refer to company)			

Note:

- 1) A claim is defined as any case with an open reserve, including expenses, or any closed case in which a paid loss, reserve, or expense exceeds \$1,000.
- 2) Credits are only allowed for firms that have been in existence three or more years. Claim debits apply to all submissions.

NURSING HOMES -- COUNTRYWIDE RATES
CHICAGO INSURANCE COMPANY

3. EMPLOYEE BENEFITS ADMINISTRATION ERRORS & OMISSIONS
COVERAGE OPTION

The premium is calculated as a flat amount (multiplied by the Claims-Made multiplier) for policies covering up to 2,000 employees. The developed premium is modified by Year-In-Program Claims-Made multipliers.

<u>Each Employee Limit</u>	<u>Policy General Aggregate Limit</u>	<u>0-100</u>	<u>101-500</u>	<u>500-1,000</u>	<u>1,000-2,000</u>
\$25,000	\$50,000	\$300	\$350	\$450	\$625
\$100,000	\$300,000	\$450	\$525	\$700	\$950
\$500,000	\$500,000	\$595	\$695	\$895	\$1,240
\$500,000	\$1,000,000	\$605	\$705	\$910	\$1,260
\$1,000,000	\$1,000,000	\$655	\$765	\$985	\$1,370
\$1,000,000	\$2,000,000	\$670	\$785	\$1,010	\$1,400

<u>Claims-Made Year</u>	<u>Multiplier</u>
1	.89
2	.95
3	.99
4	1.00
Mature	1.00

4. ADDITIONAL INSURED CHARGES

<u>Policy Limits of Liability</u>	<u>Charge Per Each Additional Insured</u>
\$100,000/\$300,000	\$120
\$500,000/\$500,000	\$129
\$1,000,000/\$1,000,000	\$147
\$1,000,000/\$2,000,000	\$157
\$1,000,000/\$3,000,000	\$165

**NURSING HOMES -- COUNTRYWIDE RATES
CHICAGO INSURANCE COMPANY**

5. NON-OWNED AUTO COVERAGE

Non-owned auto coverage may be added for a 15% surcharge of the developed General Liability premium. Because the "bed rate" is for both Professional and General Liability, the General Liability portion of the total developed premium is determined by the following multipliers:

Class

Extensive Care: Total Premium X 10% X 15% = Non-Owned Premium

Skilled Care: Total Premium X 10% X 15% = Non-Owned Premium

Intermediate

Care: Total Premium X 20% X 15% = Non-Owned Premium

Residential

Care: Total Premium X 40% X 15% = Non-Owned Premium

JAN 1 1995

NURSING HOMES - CODE 44429

**GENERAL LIABILITY RATES
OPTION 1**

	<u>LIMIT</u>	<u>RATE</u>
GENERAL AGGREGATE	\$200,000	SEE
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$200,000	PAGE NH 2
PERSONAL & ADVERTISING INJURY	\$200,000	
EACH OCCURRENCE	\$200,000	
FIRE DAMAGE	\$50,000	
MEDICAL EXPENSE	EXCLUDED	

OPTION 2

	<u>LIMIT</u>	<u>RATE</u>
GENERAL AGGREGATE	\$500,000	SEE
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$500,000	PAGE NH 2
PERSONAL & ADVERTISING INJURY	\$500,000	
EACH OCCURRENCE	\$500,000	
FIRE DAMAGE	\$50,000	
MEDICAL EXPENSE	EXCLUDED	

OPTION 3

	<u>LIMIT</u>	<u>RATE</u>
GENERAL AGGREGATE	\$1,000,000	SEE
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$1,000,000	PAGE NH 2
PERSONAL & ADVERTISING INJURY	\$1,000,000	
EACH OCCURRENCE	\$1,000,000	
FIRE DAMAGE	\$50,000	
MEDICAL EXPENSE	EXCLUDED	

OPTION 4

	<u>LIMIT</u>	<u>RATE</u>
GENERAL AGGREGATE	\$2,000,000	SEE
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$1,000,000	PAGE NH 2
PERSONAL & ADVERTISING INJURY	\$1,000,000	
EACH OCCURRENCE	\$1,000,000	
FIRE DAMAGE	\$50,000	
MEDICAL EXPENSE	EXCLUDED	

OPTION 5

	<u>LIMIT</u>	<u>RATE</u>
GENERAL AGGREGATE	\$3,000,000	SEE
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$1,000,000	PAGE NH 2
PERSONAL & ADVERTISING INJURY	\$1,000,000	
EACH OCCURRENCE	\$1,000,000	
FIRE DAMAGE	\$50,000	
MEDICAL EXPENSE	EXCLUDED	

CHICAGO INSURANCE COMPANY

FEB 1 1995

NURSING HOMES – CODE 44429

RATING

1. Select the state bed rate shown on page NH 2.
Multiply this bed rate by the CLASS RELATIVITY and
then multiply by the DECREASED LIMIT FACTOR.
Round to the nearest dollar. Multiply the rounded bed rate
by the number of beds. Then apply any appropriate
ADDITIONAL RATING FACTORS.
2. Rates apply per bed.
3. ADDITIONAL INSURED: \$50 PER ADDITIONAL INSURED

ADDITIONAL RATING FACTORS

CLAIMS EXPERIENCE MODIFICATION FACTOR: +/- 15%

Criteria

- Frequency
- Severity
- Claim type and nature of allegations

MANAGEMENT MODIFICATION FACTOR: +/- 15%

Criteria

- Years in existence
- Past experience of personnel
- Loss control or risk management program
- Staff to patient ratio

MULTIPLE FACILITY DISCOUNT:

<u>Facilities</u>	<u>Credit</u>
1-2	0%
3-5	10%
6-10	20%
Over 10	Refer to Company

AGGREGATE PER LOCATION SURCHARGE:

<u>Facilities</u>	<u>Debit</u>
1	0%
2-3	5%
4-6	10%
7-10	15%
Over 10	Refer to Company

NOTE: MAXIMUM ADDITIONAL +/- 25%

MINIMUM PREMIUM PER POLICY:

OPTION 1	\$1,000
OPTION 2	\$1,250
OPTION 3	\$1,300
OPTION 4	\$1,350
OPTION 5	\$1,500

CHICAGO INSURANCE COMPANY

Home Health Care Program - Chicago Insurance Company

Malpractice Rating for Employees, Independent Contractors and the Agency

Combined Single Limit	Annual Per Individual			Per \$100 Payroll		
	\$200,000	\$500,000	\$1,000,000	\$200,000	\$500,000	\$1,000,000
Class						
Physical Therapist	\$341.00	\$408.00	\$480.00	\$3.90	\$4.68	\$5.06
Respiratory Therapist	\$341.00	\$408.00	\$480.00	\$3.90	\$4.68	\$5.06
Nurse	\$249.00	\$298.00	\$350.00	\$2.05	\$2.45	\$2.67
Nurses Aides						
Homemakers						
Pharmacists	\$287.00	\$333.00	\$382.00	\$2.05	\$2.45	\$2.67
Medical Techs	\$250.00	\$290.00	\$314.00	\$1.04	\$1.24	\$1.36
Occupational Therapists						
Speech and Hearing Therapists						
Live-In's	\$911.00	\$1,093.00	\$1,185.00	\$6.15	\$7.36	\$8.01
Volunteers	\$38.00	\$46.00	\$49.00	n/a	n/a	n/a
Laborers	\$61.00	\$74.00	\$78.00	\$0.53	\$0.63	\$0.70
Office Temporaries	\$38.00	\$46.00	\$49.00	\$0.38	\$0.46	\$0.49

The following modifications apply to the total professional liability premium depending upon the amount of temporary staffing work done by nurses and aids at hospitals and medical clinics

% of Payroll	Modification
0	none
1-10	10% Debit
11-25	13% Debit
26-50	25% Debit
51-75	38% Debit
76-100	50% Debit

Optional Coverages	Limits			
	200,000	500,000	1,000,000	
General Liability	\$357	\$437	\$455	Rates for Each Location
Personal Injury	0.15	0.17	0.20	Rates per \$100 of Payroll Including Internal Staff
Additional Insureds - Each	\$127	\$148	\$169	

JAN 1995

Chicago Insurance Company
Medical Related Professional Service Purchasing Group
Employee/Members of Professional Liability Rates

OCCUPATION	Limits of Liability (000's)			
	200/200	500/500	1,000/1,000	1,000/3,000
Art Therapist	\$58	\$66	\$71	\$76
Athletic Trainers	\$141	\$163	\$183	\$194
Audiologist	\$43	\$50	\$57	\$79
Biomedical Technician	\$67	\$76	\$82	\$87
Community Health Assistant	\$67	\$76	\$82	\$87
Community Health Technician	\$67	\$76	\$82	\$87
Corrective Therapists	\$141	\$163	\$183	\$194
Cosmetologists	\$67	\$76	\$82	\$87
Dance Therapist	\$58	\$66	\$71	\$76
Dental Hygienist	\$50	\$57	\$62	\$66
Dietician/Nutritionist	\$54	\$62	\$72	\$76
Diagnostic Medical Sonographer	\$67	\$76	\$82	\$87
EEK/EKG Technician	\$67	\$76	\$82	\$87
Electrologists	\$67	\$76	\$82	\$87
Enterostomal Therapist	\$67	\$76	\$82	\$87
Health Educator	\$67	\$76	\$82	\$87
Histologic Technician	\$67	\$76	\$82	\$87
Home Health	\$98	\$114	\$132	\$140
Marriage & Family Counselor	\$97	\$139	\$179	\$205
Massage Therapy	\$141	\$163	\$183	\$194
Medical Lab Technician/Assistant	\$67	\$76	\$82	\$87
Medical Office Assistant	\$67	\$76	\$82	\$87
Medical Records Technician	\$58	\$66	\$71	\$76
Medical Technician	\$67	\$76	\$82	\$87
Medical Technologist	\$67	\$76	\$82	\$87
Music Therapist	\$58	\$66	\$71	\$76
Nuclear Medical Technologist	\$67	\$76	\$82	\$87

Nurses and Nurse Aids/Assistants

A) General Duty	\$63	\$73	\$84	\$89
B) Critical Care Units (including telemetry and intermediate care)	\$114	\$136	\$144	\$158
Post-Anesthesia Room	\$114	\$136	\$144	\$158
Any Home Care and /or Visits	\$114	\$136	\$144	\$158
Operating Room	\$114	\$136	\$144	\$158
Psychiatric	\$114	\$136	\$144	\$158
Organ Procurement (Transplant)	\$114	\$136	\$144	\$158

JAN 1995

Chicago Insurance Company
Medical Related Professional Service Purchasing Group
Employee/Members of Professional Liability Rates

<u>OCCUPATION</u>	<u>Limits of Liability (000's)</u>			
	<u>200/200</u>	<u>500/500</u>	<u>1,000/1,000</u>	<u>1,000/3,000</u>
<i>Continued:</i>				
Emergency - Hospital and Clinic	\$114	\$136	\$144	\$158
Flight Nurse	\$114	\$136	\$144	\$158
Nursery/Neonatal Care	\$114	\$136	\$144	\$158
C) Obstetrics	\$273	\$327	\$350	\$385
D) Nurse Practitioner	\$682	\$816	\$874	\$960
Occupational Therapist	\$54	\$62	\$72	\$76
Optician	\$122	\$144	\$164	\$174
Optometrist	\$92	\$105	\$121	\$125
Paramedical / EMT	\$178	\$208	\$239	\$254
Personnel/Guidance Counselor	\$115	*\$145	\$205	\$225
Pharmacist	\$105	\$124	\$141	\$151
Pharmacist (Consulting)	\$287	\$333	\$382	\$407
Physician Assistant	\$656	\$909	\$1,088	\$1,126
Physical Therapist	\$134	\$153	\$184	\$198
Psychologist	\$843	\$979	\$1,271	\$1,429
Radiologic Technologist	\$67	\$76	\$82	\$87
Recreational Therapist	\$58	\$66	\$71	\$76
Rehabilitation Counselor / Therapist	\$97	\$102	\$133	\$144
Respiratory Therapist	\$58	\$66	\$71	\$76
Social Worker	\$158	\$185	\$195	\$225
Speech and Hearing Therapist	\$43	\$50	\$57	\$79
Sports Medicine Instructor	\$227	\$264	\$297	\$314
Structural Body Worker	\$141	\$163	\$183	\$194
Surgeons Assistant	\$1,619	\$2,181	\$2,611	\$2,700
X-Ray Machine Operator	\$67	\$76	\$82	\$87

SIZE OF FIRM DISCOUNT

<u>NUMBER OF EMPLOYEES</u>	<u>DISCOUNT</u>
1-500	0%
501-1,500	10%
1,501-5,000	20%
5,001-15,000	30%
OVER 15,000	40%

**CHICAGO INSURANCE COMPANY
MEDICAL RELATED SERVICES PURCHASING GROUP**

PROFESSIONAL LIABILITY INSURANCE

ACTUARIAL MEMORANDUM

Enclosed is the actuarial support for the new Medical Related Services Purchasing Group. The Professional / General Liability rates excluding Nursing Homes are based on the rates provided for medical facility risks from other purchasing groups underwritten through Chicago Insurance Company. The indications using the data from the Medical Facilities Programs can be found in Exhibit A. The Nursing Homes rates follow the St Paul rates for combined PL/GL adjusted for different expense components. The indications using St Paul's data with our expenses can be found in Exhibit 9.

RATEMAKING ASSUMPTIONS

Medical Related Facilities Programs are nationwide programs written through the Allied Health and Healthcare Risk Purchasing Groups. As demonstrated in Exhibit 7, the countrywide Occurrence Program has about 25% credibility using a full credibility standard of 3000 claims. The countrywide Claims Made Program has about 23% credibility. Due to the lack of credibility of the data, we have projected the indications using a version of the Bornhuetter-Ferguson method and the Loss Development Method. The Bornhuetter-Ferguson method uses the countrywide emergence patterns to estimate the ultimate losses. The initial expected loss ratios for policy years 88 - 92 are the permissible loss and ALAE ratios. As a year matures, the expected incurred losses are replaced by actual incurred losses and the initial expected loss assumptions become less important. In order to get credible loss development factors, we have determined the tail factors by fitting the Link Ratios using an Inverse Power Function. (See Exhibit 2.) Our Loss Trend of 9.0% is based on an exponential fit of St Paul's Ultimate Loss and ALAE Ratios from their Nursing Homes Program. (See Exhibit 4 -Page 2.)

FEB 1 - 1995

EXHIBIT A

Nurse Rates for AHPGA

Beginning with the "Nurse" Increased Limits Factor tables for Ohio (1/93) and Tennessee (11/92):

$$200/200 = 1.78 \text{ (interpolated)}$$

$$500/500 = 2.08$$

$$\text{\$1M/\$1M} = 2.39$$

$$\text{\$1M/\$3M} = 2.53$$

$$200/200 = 1.78$$

$$\frac{\text{\$1M/\$3M} = 2.53}{200/200 = 1.78} = .704 \times \$89 = \$63 \text{ } 200/200$$

$$500/500 = 2.08$$

$$\frac{\text{\$1M/\$3M} = 2.53}{500/500 = 2.08} = .822 \times \$89 = \$73 \text{ } 500/500$$

$$1\text{M}/1\text{M} = 2.39$$

$$\frac{1\text{M}/3\text{M} = 2.53}{1\text{M}/1\text{M} = 2.39} = .945 \times \$89 = \$84 \text{ } 1\text{M}/1\text{M}$$

$$\text{\$89 } 1\text{M}/3\text{M}$$

1M/3M RATE IS \$89

Physical Therapists - Employed

$$1\text{M}/3\text{M} = \$198$$

$$1\text{M}/1\text{M} = .945 \times 198 = \$187$$

$$500/500 = .822 \times 198 = \$163$$

$$200/200 = .704 \times 198 = \$139$$

CHICAGO INSURANCE COMPANY
ALLIED HEALTH PURCHASING GROUP ASSOCIATION
RATING GUIDELINES

1. APPLICATION OF THESE RULES

These pages contain the rules and rates for writing professional liability for miscellaneous therapists, and pharmacists.

2. PREMIUM COMPUTATION

Professional liability premium shall be computed by applying the appropriate rate per person to the total number of individuals who are named insureds, partners of an insured partnership and officers of an insured professional corporation or employed professional of any named insured.

General liability (optional) premium shall be computed by applying the appropriate rate(s) per location to the total number of locations.

Non-owned Automobile Liability (optional) premium shall be computed by applying the appropriate rate(s) to the total number of individuals who are named insureds, partners of an insured partnership and officers of an insured professional corporation or employed person of any named insured.

Additional insured (optional) premium shall be computed by applying the appropriate rate to each additional insured.

3. ROUNDING RULE

All policy and endorsement premiums will be a whole dollar amount. If the result of any computation is not a whole dollar amount, the premium shall be adjusted as follows:

- a. any amount involving \$.49 or less shall be rounded down
- b. any amount involving \$.50 or more shall be rounded up

4. ADDITIONAL/RETURN PREMIUM

Prorate all changes requiring additional or return premium. Apply the rates and rules that were in effect at the inception date of the current policy period.

5. PART-TIME PRACTICE

A part-time rate will apply, if listed on the rate page, to professionals who are only self-employed 20 hours or less per week, or who are employed and self-employed 10 hours or less per week.

8/94 (Eff. 1/1/95)

upon a review of the submissions: attendance at risk management seminars; in-house loss prevention/control programs; policy and procedure manuals.

7. For sports medicine therapists only a professional certification credit of up to 25% will apply. There are requirements in each state for sports medicine therapists which must be met in order to be licensed. Additionally the discipline's national and/or state organization establishes criteria for certification. The criteria can vary from additional studies to additional time in internship. Because of this variance in requirements on both a state and national level, a credit of up to 25% will apply for those meeting the certification criteria.

ALLIED HEALTH PURCHASING GROUP ASSOCIATION

STATE OF: ILLINOIS

Occurrence Coverage - Annual Rates
SELF-EMPLOYED AND GROUP POLICY

	Limits Each Incident/Aggregate			
	<u>1M/3M</u>	<u>1M/1M</u>	<u>500K/500K</u>	<u>200K/200K</u>
Per Partner, Director, Owner, Officer and Self-employed IC				
. Counselors	\$490	\$455	\$348	\$320
. Other Professionals	490	455	348	320
. Psychologists	1429	1271	979	843
Per Counselor Employee	490	455	348	320
Per Psychologist Employee	1429	1271	979	843
All Other Employees *	76	70	66	56
Per Independent Contractor (For Group Coverage Only)	34	30	23	20
First Additional Insured (For Self-Employed and Groups Only)	103	97	85	73
Per Subsequent Additional Insured (For Self-Employed and Groups Only)	26	24	21	19
OPTIONAL GENERAL LIABILITY	120/48	120/48	105/42	89/36
(Rate Applies Per Location/Each Additional Location)				

* Does not include Clerical (no Charge)

Rate Modification Factor(s) - Applied To The Above

- . Attendance at the ACA Risk Management Workshop - 10% Credit
(At least 50% of the Applicant's Professional Staff must have
attended within the previous sixteen (16) months to qualify)
- . For Groups only - 25% Part-Time Credit: A 25% credit is applied to
each individual Professional Rate within the group when the
individual works fifteen (15) hours per week or less.

Effective 10/1/94

CHICAGO INSURANCE COMPANY

OCT 1 - 1994